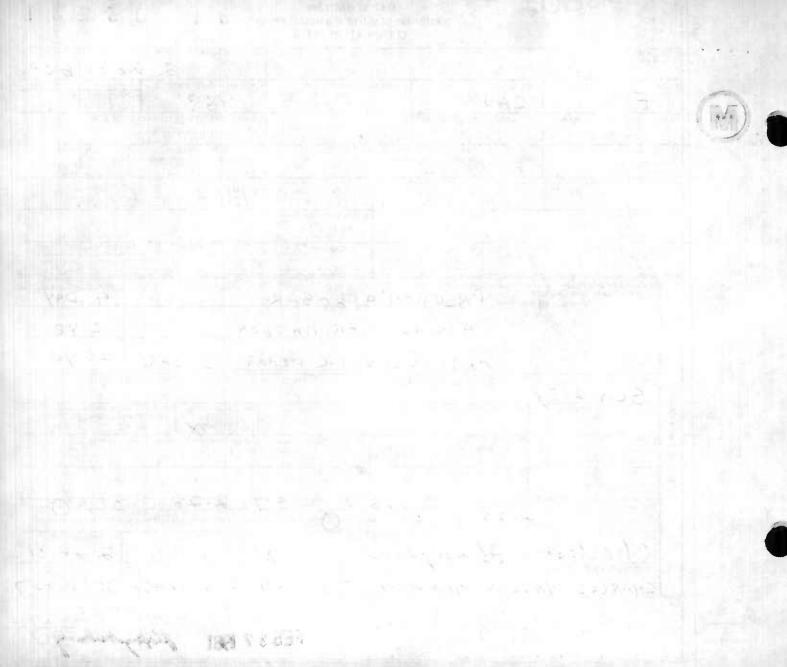
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

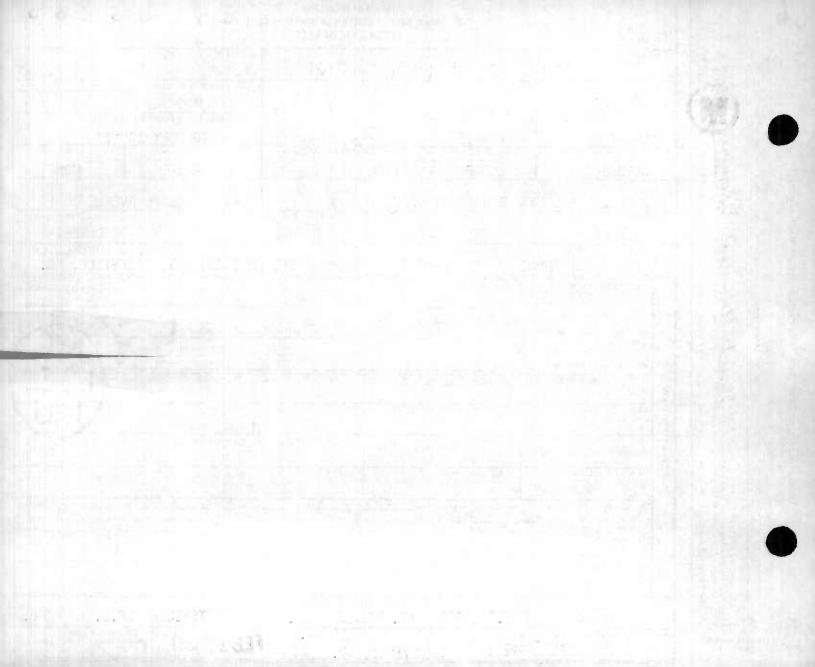
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		FOR STATE REGISTRAR		STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO	0523
o th		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
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in 24 hau filled in hould be	U		RFAX GREAT	T FAILS YES NO X	514 Utterba	ck STORE RD
ompletely ond 2 s	14. FA	THER'S NAME ILIAM NI	NIDDLE LASI	15. MOTHER'S MAIDEN I	WIDDLE	STOY
Poges 1	16a. V	(ES NO OR LINKNOWN) LIE YES GIV	VE WAR OR DATES	SECURITY NO. 17. INFORMANT	es Alfred GR	Y UTTER BACK STOR
the death certificate the ottending physics remove carbon papels remotion, or removal.		PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate cause (o), stating the	nly one couse per line far (a). ALL BY: TE CAUSE (b) CAUSE DUE TO, OR AS A CONS (b) SUE TO, OR AS A CONS	EQUENCE OF LOCK	est -	APPROXIMATE INTERVA BETWEEN ONSET AND DE
requires thoten signed by t. Then pleose or to burial, cy injury, or at	NOIL	Severe h	polession	ME CLEA ALCUND B TO DEATH BUT NOT RELATED TO THE TE		
The low cion. e hos be sit permi	CERTIFICATION	19a. DATÉ OF OPERATION		HICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
SICIAN: T ng physici certificate priot-transi mental Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			JRRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)
ottendir ottendir ter this os the bu h and M	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FFICE, FARM, ETC.). 211. LOCATION STREET	CITY OR TO	WN COUNTY STA
TTENDIP pital or TTOR: A for use of of Healt		270.1 certify that (I) (this haspe saw the deceased alive an above, (I) (we) (did) (did no		O I CHE	on death accurred an the da	, 19 , that (I) (we ste and hour and fram the causes state
AL OR A the hos AL DIREC detoched ote Dept. IT: If hem		22b. SIGNATURE	wales mt	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	
orioned by TO FUNERA should be de with the Stot		22d. PHYSICIAN'SINAME (TYPE O	Fang, MI	by W. Me	ntopmery	Ave, Rockville,
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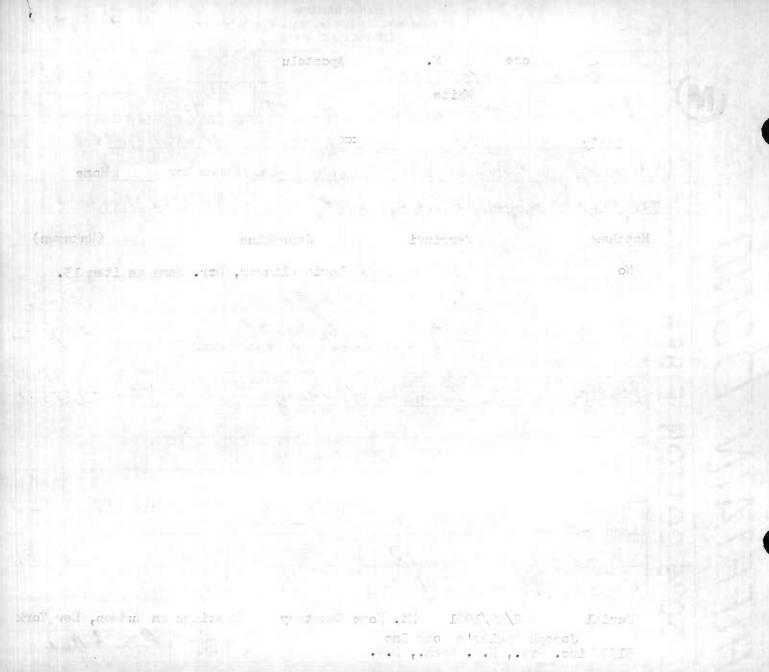
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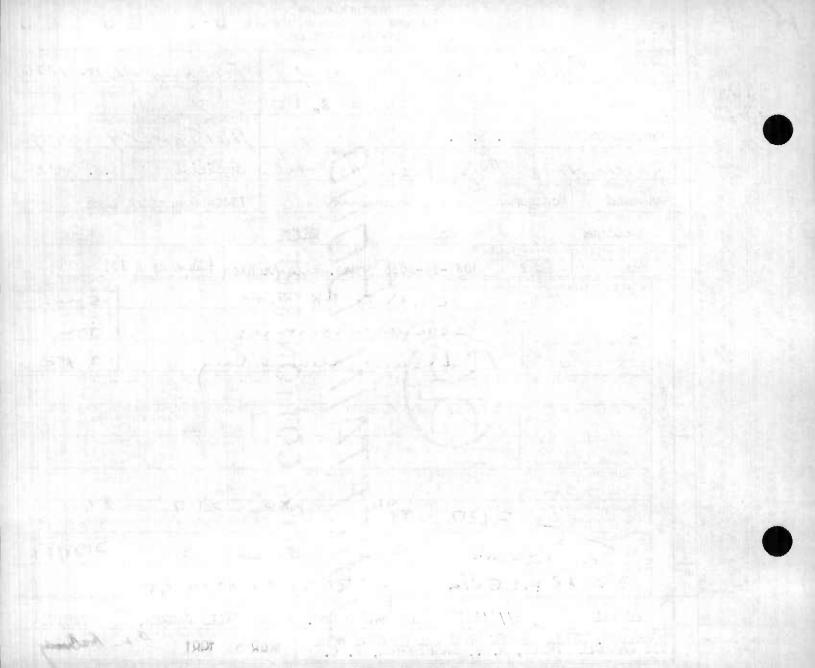
	1	FOR STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.							
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Poge	70. I	BIRTHPLACE (STATE OR FOREIGN COUNTRY) ALGERIA	7b. CITIZEN OF WHAT COUNTRY	2 8.	□ NEVER MARRIED □	9. BALTIMORE CITY OR COU	INTY OF DEATH			
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5 (BP	L	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL FUNERAL DIRECTOR ANGLES	FEB.11,1981		METERY OR CREMATORY BANON CEM.	HYATTSVILLE EREC'D. BY REGISTRAR 256. RE	P.G. Mb.			
DHMH- 16 30M 2/80 (VRA 15, 4)		NAME MEMORIALY T	ADDRESS	VILLE.		FEB 17 198	hofry / holing			



Vontgomary. Takoma Park. Mashington Adventist Hospital. Homewalter. Eryland. Hontq. - Takena Dk. + 7713 Greenwood Lyd. Ta Chorne, Plona Clarents. Thomas. 218-30-2939 Alfred V. Anderson Sr. 13 c Pab. 15, 1981 Geo. Washington Pigns Rd. P. G. Mo.

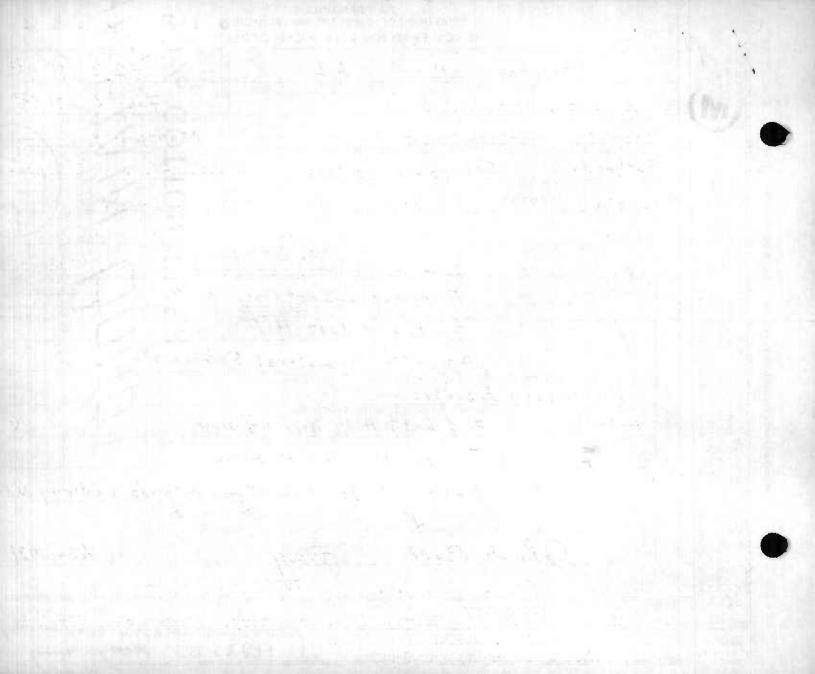
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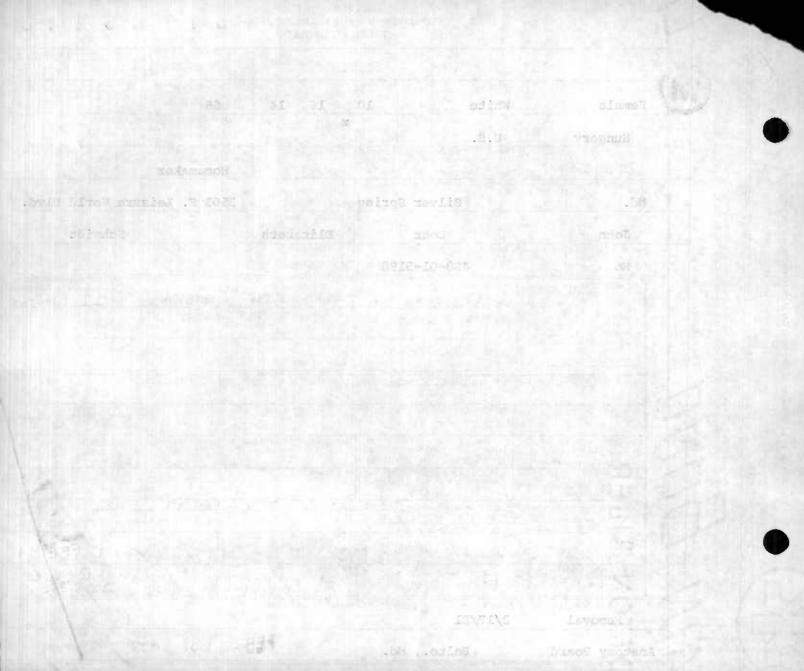




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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN (X) (TYPE OR PRINT) AUL Hamilton . DEATH MATED arothy 190 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED March 23,1896 84yrs DEAD Female Cauca. To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED X FOREIGN COUNTRY Wisconsin United States WIDOWED MONTGomes DIVORCED AND 3 TO THE FU RETAIN PAGE 5 SHOULD BE FILED, Dietician-V dministr Hospital 13a STATE Kenosha 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Kenosha sconsin 38th Avenue 14 FATHER'S NAME DIVISION OF VITAL 15. MOTHER'S MAIDEN NAME LAST FIRS1 Edward Rose A117 Hamilton GIVE PAGE Mrskma Marjorie Ruggeress 630 77th Street, Kenosha, Wisconsin 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 398-38-3488 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL. neumonia-Lett DUE TO, OR AS A CONSEQUENCE of Lost Hip Canditions, if ony, which gave rise to immediate couse (a) stating the underlying couse last CERTIFICATION monas INER: THIS CO...
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F FORWARDED TO THE CHIEF ME.
CTOR: PAGE 3 SHOULD BE USED AS
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CYATE DEPARTMENT OF HEAT
FOR THE DEPARTMENT OF HEAT
FOR 28 AUTOPSY? YES 🗌 MEDICAL AUSE OF DEATH 711 LOCATION 21e PLACE OF INJURY EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 35 AFTER BEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PF AT WORK NOT WHILE Lan+ 22a. I certify that I took charge of the remains described above, held on Autopsy death resulted from: Notural causes Accident Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINER'S NAME John G. Ball, M.D. 7936 Old Georgetown Road (TYPE OR PRINT! 736.BURIAL, CREMATION, REMOVAL PERFUARY Cremation 8,1981 23c. NAME OF CEMETERY OR CREMATORY Cremation Alexandria, Virginia
STRAR [256. REGISTRAR'S SIGNATURE Metropolitan Crematdry 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR PUMPHREY FUNERAL **DHMH-17** NAME Mintery /Kelrande (VR A15 ME (5) HOMES Bethesda Maryland 15M 2/80



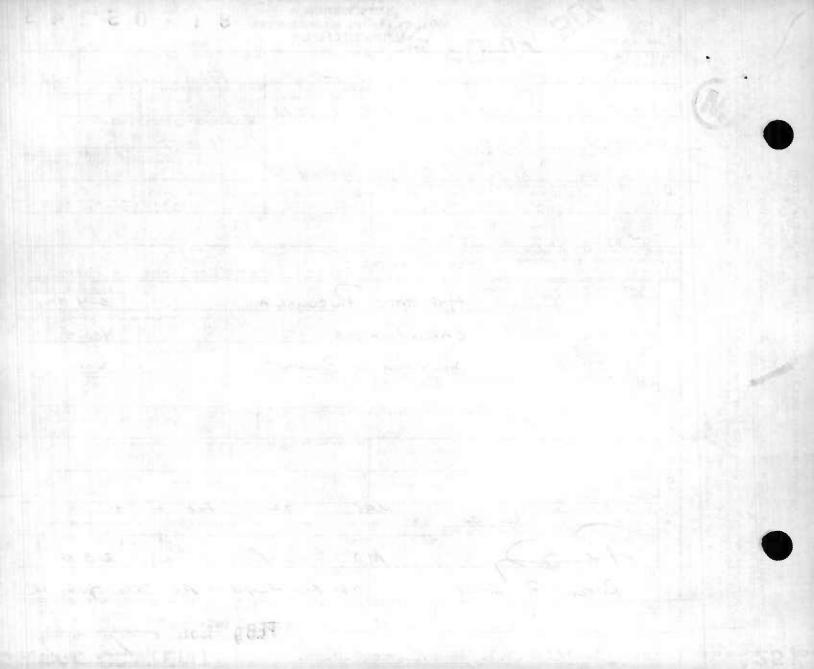


Gaithersburg. Md.

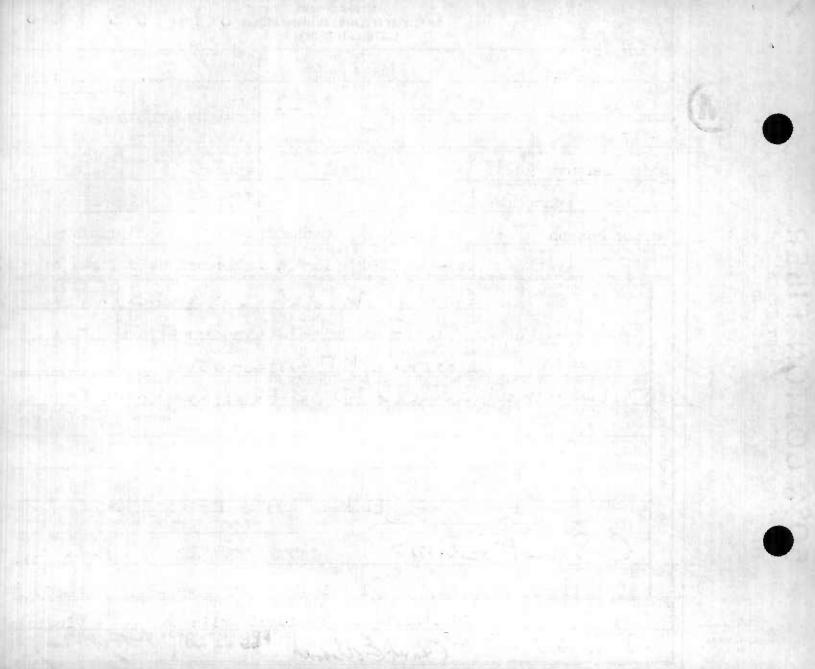
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME LAST 2a DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) John Balisteri Web 81 7:00PM 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR 1918 white Aug. 62 Male Ta. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED California USA Montgomery DIVORCED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h. KIND OF BUSINESS OR IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Sales 18437 Lost Knife Circle Gaithersburg Retired BALTIMORE, MARYLAND 21201 USUAL RESIDENCE HE NURS NG JOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONA 13m STATE COUNTY 3c CITY OR TOWN 113d. INSIDE CITY LIMITS? 13e STREET ADDRESS 8437 Lost Knife Circle larvland Montgomery Gaithersburges X 4. FATHER'S NAME MIDDLE MIDDLE Balisteri Catherine (unknown) xxxxx Joseph WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) 563-18-0774 Marion J. Balisteri-wife (same as yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID AS A CONSEQUENCE OF ohn novieus Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. ANT TY 19 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 DIVISION OF VITAL RECORDS, CERTIFICATION 0 eared 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? ō IN-CERTIFYING CAUSES OF DEATH? YES [NO [21g. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART | OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH Hem Jul -(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 ž 50 21d INJURY OCCURRED 21e. PLACE OF INJURY III LOCATION COUNTY CITY OF TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 WHILE NOT WHILE 220.1 certify that (I) (this bospital) attended the deceased from_ 1-360+ __19___30__, and that in (my) (an) opinion death accurred on the date and hour and from the causes stated sow the deceased alive on_ -10 obove, (1) (we) (did) (did not) view the body ofter death 226. SIGNOATURE DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN Jid be d. 226 PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 10401 Old Georgetown Rd., Bethesda, Md G. Stuart Scott, MD 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23g. BURIAL CREMATION, REMOVAL 23h DATE (SPECIFY) 2-10-1981 Arlington National Arlington Virginia Burial 8434 Ga. Ave., S.S. Md 250 DISTRECTO BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 (VRA 15.4)



600		1. DE	STATE REGISTRAR CEASED NAME OR PRINT)	RST	MIDDLE	CERTIFIC	ATE OF DEATH	20. DATE OF	REG. NO. DEATH MONTH	DAY YEAR	2b HOUR
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rol direction	870		RTHPLACE (STATE OR FOREK		EN OF WHAT COUNTRY	Y? B. MARRIED	NEVER MARRIED		RE CITY OR COUN	TY OF DEATH	
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40SPITAL OR ATTENDING PHYSICIAN: The low requires that the ned by the hospital or attending physician. FUNERAL DESCRIPE After this certificate been signed by the ridide detached for use as the buriothrons permit. Then please remaine State Dept. of Health and Mental Hygiene prior to buriof, crema	If Nem 21 is morked or Nem 18 shows ony injury, or a		gove rise to immedia couse (a), stating underlying couse la underlying couse la la couse la c	ANT CONDITION ANT CONDITION ING 716. 1 OF DEATH HO CAMINER) PROPERTY OF THE PROPERTY OF T	(b) TO, OR AS A CONSEQ (c) DNS CONTRIBUTING TO CONDITION FOR WHICE TIME OF INJURY UR A.M. MONTH P.M. PLACE OF INJURY OME, STREET, FACTORY, OFFICE ded the deceosed from	DAY YEAR 19 E. FARM, ETC.) 7	WAS PERFORMED PIC. HOW INJURY OCCU THE LOCATION STREET That in (TY) (Aux.) Opinion GREE ATTENDING PHYSICIAN PICE ADDRESS	700 AUTO YES RRED (ENTERNAL to MEDICAL DIRECTOR	PSY? 206. IF Y IN CER NO WE OF INJURY IN ITEM 1 CITY OR TOWN On the date and h STAFF PHYSICIAN	COUNTY 1987 1987 1987 1987 220 220	STA
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Pennsylvania U.S.A. EXX montgomery Co.

Takoma Park Wash. Adventist Hospital Cartocrapher-Retirer U.S.

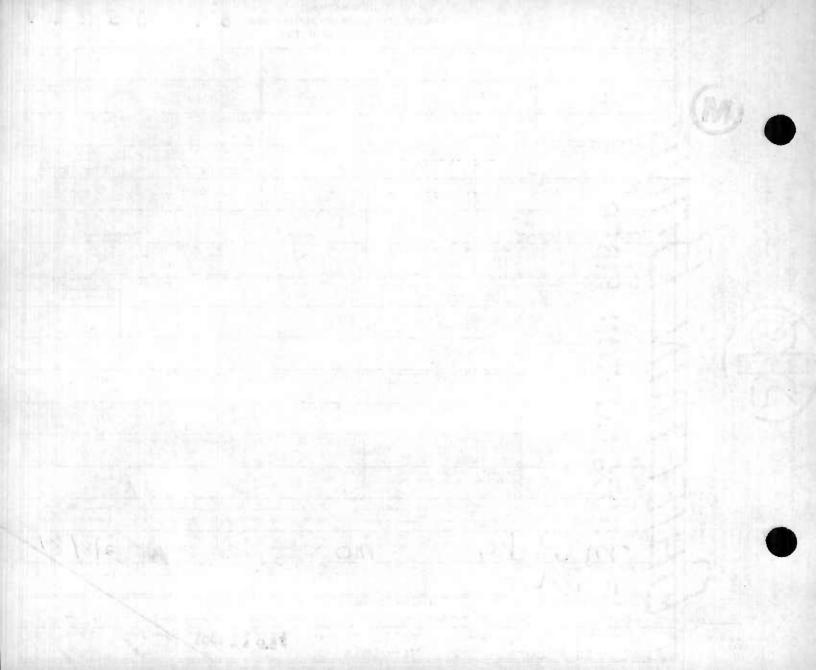
Mr. Pr. Geo. Bowie 3003 Spark La.

Thomas M. Bearle Martha Orme

No --- 178-01-5368 Jane S. Bearle, 3003 Spark La., Mr.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN TO MONTH (TYPE OR PRINT) KELSO FRED DEATH MATED 3. SEX RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LASTBIRTHDAY PRONOUNCED NEGRO 82 YRS DEAD 7a. BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED Virginia WIDOWED D DIVORCED 10. CITY OR TOWN OF DEATH 13. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY TECH USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Mor TGONEVE YES [MARK NO [2 2 25 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Edgar R. Beckley Susan Fox 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRES 207 Adams Mill Rd. 16b. SOCIAL SECURITY NO. Not Stated Dr. Alfred K. Beckley Jr., Washington, D.C. Not Stated 163-07-9323 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY INFARRETTON 1400 713 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which ANTORIOSCIEROSS gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES NO D 210 EXTERNAL CAUSE WAS TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 FIOR HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) 22a. I certify that I taok charge of the remains described above, held on Autopsy and in my opinion deoth resulted from: Holard courses Suicide Homicide Undetermined monner TILLE (SPECIFY) GE 4 SHOU FUNERAL D TER DEATH, ' MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 8200 Wiscon en (TYPE OR PRINT) 23a, BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Harmony Memorial Park 24 Feb 81 Landover, P. G. Burial Co., Maryland You St., N.W 250. DATE REC'D. BY REGISTRAR 250 REGISTRARE SIG 24 FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) W. Ernest Jarvis Co., Inc., Washington, D.C. 15M 7/77

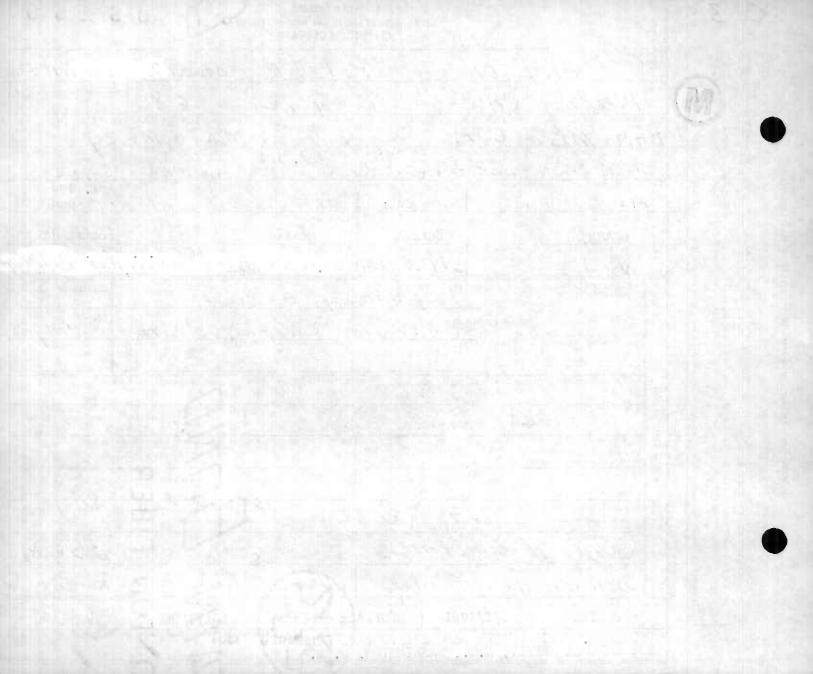
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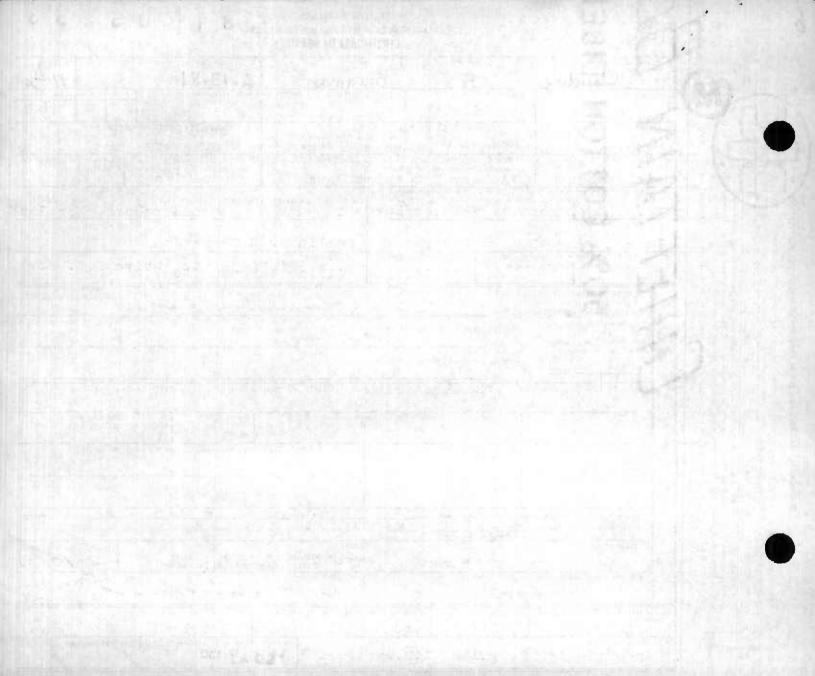
FOR

(VRA 15(4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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Si Si Si Si				5. DATE OF BIRTH	YEAR LAST B	RTHDAY) MONT		NDER 24 HRS.	2c. DATE PRONOUNCED	^	AUNIH DAY		4:38
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1	16a. V	VAS DECEASED	DEVER IN U.S. AF	RMED FORCES? E WAR OR DATES)	16b. SOCIAL SEC 578-48-		Dr. RIC	HARD H.	BERNST	EIN, C	PRINDL HARLOT	E ROA	D, ERMON
OF HEALTH AND MENTAL HYGIENE, DIVISION OF WIN		18 CAUSE OF	ATH SALAC C ALLCE	nly ane cause per line							1	APPROXIMATE TWEEN ONSET	INTERVAL
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AFTER DEATH, WITH THE STATE DEPARTMENT OF H BALTIMORE, MARYLAND, 21201 PRIOR TO BURAL		22a I certify	•	ge of the remains des	Accident	an Autop	sy Insp	pection .	Inquiry X	ond in	n my apinian		
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	-		//-	*	1	1	191	9 Semi	nary Ros	d			
		(TYPE OR PRIN	IT) J	ohn S. Roj	gers, M.D.		ADDRESS Sil	Lver Sp	ring, Mo	ntgo	mery, l	Md.	
- 1	1	BURIAL	ION, REMOVAL	2/22/198	1 KING D	AVID ME	R CREMATORY EMORIAL	GARDEN'				VIRGI	NIA
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	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	WIDOWE IG HOME C		120 USUAL OCCUPATI	ON	12b. KIND OI	F BUSINESS
	Rockville	Rockville Nur	sing	Home	Personne		Dent.	Store
13a	D.C.	or other institution, give residence before NTY 134 CITY OR TOW Washing	N	13d. INSIDE CITY LIMITS? YES NO	ue STREET ADDRESS 4201 Butter	rworth I		
14. FA	ATHER'S NAME FIRST	MIDDLE LAST	Mars.	15. MOTHER'S MAIDEN NAM	ME	- 30 0	LAST	
		iam Ericson Love		Florence	Darley		Lewis	
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 16b. SOCIAL SECU IVE WAR OR DATES?	RITY NO.	17. INFORMANT	ADDRE	SS	Md.	
	No	579-01-9	9519	Carol Newmar	10550 Mad	Arthur	Blvd.	Poto
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E	COP ENCE OF	D, ASHD	INIAI DISEASE OD CONI	DITION CIVEN	fini	year
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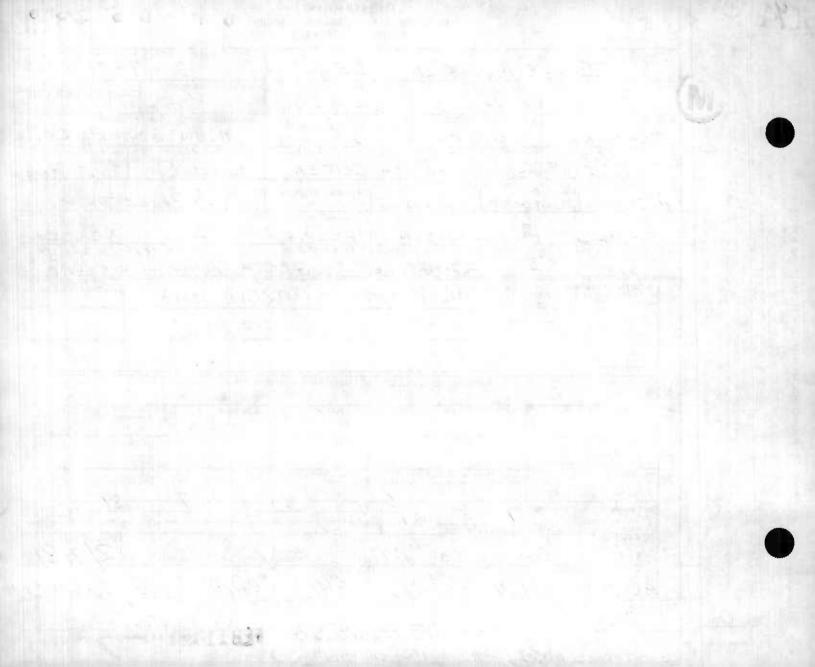
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST I. DECEASED NAME 7g. DATE OF DEATH 26 HOUR (TYPE OR PRINT) Estelle M. Bishop abod 7:30 AM 4 RACE 5 DATE OF BIRTH IF UNDER 24 HRS 3. SEX AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH YEAR DAYS HOURS Female Caucasian 25 .1894 86 **BALTIMORE CITY OR COUNTY OF DEATH** O BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) New York United States | WIDOWED K DIVORCED [Montgomery County NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 8 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Bethesda 9309 East Parkhill Drive DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Homemaker Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
130 COUNTY
131 (CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Maryland Montgomerv Bethesda YES X 9309 East Parkhill Drive 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST John W. Kissell Evelvn Denning Marie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) John J. Bishop, Same as 033-18-8429 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY DUNS IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF 000 Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PK 5 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 P 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 70a AUTOPSY3 ā IN CERTIFYING CAUSES OF DEATH? apr 197 or Item 18 shows NOK 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental MEDICAL -0170 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED THE PLACE OF INJURY 11 LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an LANG 9 80 _, and that in (my) (our) apinion death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body ofter death 176 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should be detor with the State E IMPORTANT: IF 224 PHYSICIAN'S NAME LYUPE OR PRINT 22e. ADDRESS 23b. DATE F881 23a. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY Burial STATE Gate of Heaven Cen. Silver Spring, 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral DHMH - 16 50M 1/76 (VR A 15 (4)) Homes, P.A. Bethesda, Maryland

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	L	REGISTRAR		CERTI	FICATE OF DEATH	REG. NO		
		CEASED NAME FIRST	WIDDLE	FICH	LAST P	20. DATE OF DEATH	ONTH DAY YEAR	26 HOUR
	3. S		4. RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTH	IF UNDER I YEAR	IF UNDER 24 HRS
	F	EMALE	WHITE		UARY 8. 1884	97	YRS DAYS	HOURS MIN.
0		SIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	INTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
		OLAND	U.S.A.	WIDOW	EDX DIVORCED	MONTGO	MERY	MC
10	R	TITY OR TOWN OF DEATH	HEBREW HOME	OF GREA	OR OTHER INSTITUTION TER WASHINGTO	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWIFE	WORKING LIFE) INDUSTRY	HOME
5	130 M	STATE 113b. CO	UNTY 13c CITY C	CE BEFORE ADMISSION	13d. INSIDE CITY LIMITS? YESXX NO	13e. STREET ADDRESS 4701 WILL	ARD AVENUE	
1		ATHER'S NAME	WIDDLE	AS1	15. MOTHER'S MAIDEN NA	ME		THE RE
26	T	HEODORE	TISCH		JOHANNA	WIDDLE	NASCERTATNAE	
		WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIA	AL SECURITY NO.	17 INFORMANT	ADDRES	S	
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Auo smoys	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION	ON WAS PERFORMED	206 AUTOPSY?	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES (GS USED OF DEATH?
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Hem	CAL	OR CONTRIBUTING CAUSE OF	DEATH	19				
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m 21		obove, (1) (we) (did) (did	on view the body ofter death	. 19.07 1,0	nd that in (my) (our) opinion	death occurred on the dat		
IMPORTANT: If He		226. SIGNATURE	Last.		DEGREE AL. ATTENDING	MEDICAL STAFF	220. DATE S	7/81
Ž-		22d. PHYSICIAN'S NAME (TYP	PE OR PRINT)		1220 ADDRESS	MEDICAL STAFF	AN D	101
MPORTANT		1 0.0	, PATEL		6121 MO	NTROSE R	D. Rockvi	WE, A
	230.	BURIAL, CREMATION, REMOV			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
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	24.1	TOOMANIPOCTOR STE	IN HEBREW MEMO	RIALTEUN	ERAL HOME 12	RAC'D, BY REGISTRAR	D. REGISTBAR'S SIGNATU	JRE

7-11 (8/ DATE 1.24. 1.2.1.2 1.71 DE a de la la serie de la companya d

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		1	FOR	C	EPARTMENT OF HE	ALTH AND MENTAL H	YGIENE	05261
-		1.	STATE REGISTRAR	MED	ICAL EXAMINE	'S CERTIFICATE O	F DEATH NO.	
		1 DE	CEASED NAME FIRST		MIDDLE	LAST	REG. N	
			E OR PRINT)			.0	20. DATE KNOWN	MONTH DAY YEAR 26 HOUR
	S. S. F.		(3.817-01	lieva-	#-	1304/4-	DEATH MATED [2 26 19 8) 10 XM
	E SE	3. SE	(I4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS	IF UNDER 1 YR. IF UNDER	24 HRS. 2c. DATE	MONTH DAY YEAR 24 HOUR
	S H S E			MONTH DAY	YEAR LAST BIRTHDAY)	MONTHS DAYS HOURS	MIN PRONOUNCED 7	43
	Z S S S S	f	emale white	Dec. 13	-905 75 YRS.	- 3 - 0	DEAD	-B. 26 1981 10 AM
	STAL	70 B	RTHPLACE (STATE OR	76. CITIZEN OF WH	AT COUNTRY? 8.		9. BALTIMORE CITY	OR COUNTY OF DEATH
	SA SE		REIGN COUNTRY)			MARRIED NEVER MARRI		I am
	S NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 77 HOURS W PRESTON STREET.		issouri	USA		DOWED DE DIVORCI		1901720 1/ MD.
		10. C	TY OR TOWN OF DEATH	11. NAME OF HOSE	PITAL, NURSING HOME, C (ILITY, GIVE STREET ADDRESS)	OTHER INSTITUTION	12a. USUAL OCCUPATION (TY FOR MOST OF WORKING LIFE)	PE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
	A SE SE SOO		Chery Chase	37	ILLIF, GIVE STREET ADDRESS)	- D	Housewife	None
	TAIN 1	LISLIA	L RESIDENCE (IF IN NURSING HOME O	D OTHER INSTITUTION CON	G COMB-/	12127	Housewire	Mone
=	> ZEZES		TATE 136. COUN		13c. CITY OR TOWN	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	
2120	ANG ANG	Ma	ryland Mont	gomerv	Chevy Chase	YESTA NO	3306 Camalier	Dr
	F 2.8.		ATHER'S NAME	3				
MD.	P PM		FIRST	MIDDLE	LAST	15. MOTHER'S MAIDE	WIDDLE	LAST
m,			Thomas	R.	Hayde	Sylvia	-	Berger
BALTIMORE,	PAGE FORM SS A	16a. \	VAS DECEASED EVER IN U.S. AR		166. SOCIAL SECURITY N	O. 17. INFORMANT TO	ughter ADDRES	Same as
ž.	THE STO	{Y		WAR OR DATES)	F70 60 1000			
A L	URS AFTE B. GIVE P. WITH FO PAGES DIVISION		No -	_	579 60 4030	Jeanne B.	Williams	#13
	WIT PAIN	1	18 CAUSE OF DEATH (Enter an	ly ane cause per line	far (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
301 W. PRESTON ST.,	24 HOLL ITEM 18 LONG PERMIT.		PARTI DEATH WAS CAUSE	D 8Y:	Metasta	tic-Carci	mo 17 2.7651.	BETWEEN ONSET AND DEATH
Z	N 24 HC N ITEM 1 ALONG T PERMIT YGLENE,	11	1519 IMMEDIA	E CAUSE (a)		1641		
STC	ZZYEŽZ			DUE TO, OK	AS A CONSEQUENCE OF	0 6		
×	UTED WITHIN N PENCIL IN EXAMINER A EXAMINER A MENTAL HALTRANSIT MENTAL HYPOR REMOVAL		Conditions, if any, which gave rise to immediate) (b) 6	arcinon	12 メナルー	Tonzach.	
>	PENCI (AMIN NL-TRAI AENTA R REM(cause (a) stating the under-	DUE TO OR	AS A CONSEQUENCE OF			
2	Y PENC EXAMIN IAL-TRA MENT	100	lying cause last.					
30	24 200		LATA CARE TO THE	(c)				
DS,	D BE EXECTION, WEDING" AS A BU ALTH AND	1/2	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH 8	UT NOT RELATED TO THE TERMINAL	DISEASE OR CONDITION GIVEN IN PAI	RT 1 (a).	
Ö	S AT AT	Z						
E C	PENDING PENDING F MEDICA ED AS A E HEALTH A REMATIO	Ĕ	19a DATE OF OPERATION .	TION CONDIT	ON FOR WHICH OPERATI	ONLYMAC DEDECORMEDS		Ter watersus
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>	WORD WORD HE CHI SE US SE US	W W	210. EXTERNAL CAUSE WAS	21b. TIME OF		TE HOW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
0	FICA THE OULD TO B	10	UNDERLYING OR		MONTH DAY YEAR			
Ö	FEDGRE	2	CONTRIBUTING CAUSE OF		19			
DIVISION OF VITAL RECORDS,	CERTIFICATE SHO	MEDICAL CERTIFICATION	21d. INJURY OCCURRED	21e. PLACE O	F INJURY (AT HOME, DRY, FARM, ETC.)	If. LOCATION STREET		
ā	HIS CER WRITING VARDED AGE 3 S ATE DEP	Σ	WHILE NOT WHILE C] SIREET, PACTO	JRY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	上、3450		AT WORK AT WORK					
	2 E O		22a. I certify that I taak charg	e of the remains desc	ribed abave, held an	Autapsy . Inspection	Inquiry . a	nd in my apinian
	MINER: TIFICATE BE FOR ECTOR: TH THE LAND, 2	111		al causes 🔯.				
14.00	LAN	2.1	death resulted fram: Natur	al causes LA.	Accident L, Suicid	Hamicide L	Undetermined manner	
100	A V S C S X	377	1 8	0 0	0.0	TITLE (SPECIFY)		- al 10001
	W.H.		SIGNATURE /CF	1.19.13	all	Mr Tressety	MEDICAL EXAMINER	DATE 7-6- 26, 1981.
	ST ST ST		1			J		SIGNED
	MO NO	4 -	EXAMINER'S NAME			7936	Old Georgetown	Rd., Beth. Md.
	A D B E E			hn G. Ball		ADDRESS		, , , , , , , , , , , , , , , , , , , ,
1	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE A SHOULD BE ATER DEATH, WITH THE BALL MORE, MARYLAN	23a.B	JRIAL, CREMATION, REMOVAL 2	3b. DATE	23c. NAME OF CEMET	RY OR CREMATORY	23d. LOCATION	COMINER
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	BP	24 E	UUU LAU		00000 01 1	eaven temeter	REC'D. BY REGISTRAR 256. REG	gs. Mont Maryland
	DHMH - 17	1	JWE SHEELOK HEAD	Funeral H		SC. AVE DE DATER	A STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS	ISTRAK S SIGNATURE
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0/						E OF MARYLAND	10 4	0 2 9	63
0	1.	FOR STATE		DEPART			GIENE OTHOMAS	BRADY 4	0 0
		REGISTRAR			CEKTII	ICATE OF DEATH	REG. NO.		
		CEASED NAME FIRST		MIDDLE	7 400	70	20. DATE OF DEATH MO	-	2h HOUR
be at be	,,,,,,	Thom	as N	one		Brady	FEB	25-198	1 6:00 AM
l l	3. SE	X .	4 RACE		5. DATE (& AGE (IN YEARS LAST BIRTHDA	MONTHS DATE	
9e 4		MALE	MH	ITE	APK		72	YRS	, HOURS MIN.
P P P P P P P P P P P P P P P P P P P	70 B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	D DEVER MARRIED	BALTIMORE CITY OR C	OUNTY OF DEATH	
death. Hun 72 thin 72	N.	SHINGTON. D.C.	U.	S.A	WIDOWI	DIVORCED		OMERY	MD.
with the	10 C	TY OR TOWN OF DEATH		HOSPITAL, NURS		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO		OF BUSINESS OR
201 Irs of filed by the filed filed	,	LKOMA PARK	WAS	HIRETEN	ADVE	VIST HOSPITAL	PAINTER	FED.	GOVT.
D 212	130.	AL RESIDENCE (IF NUR	STHER INSTITUTION	13c. CITY OR TO	WN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	1	
Z E//		V.C.		WASHIA	GTON	YES NO	7611 (rts	RGCA AVI	EN.W.
within within d 2 sh	14. FA	THER'S NAME	WIDDLE	LAST	. 1	15. MOTHER'S MAIDEN NA	WIDDIE		LAST
		JOSEIH	D.	BRA	DY	MARY	m.	L-1-	E
ALTIMORE, te be execut ician and co ician and co ician the medical		VAS DECEASED EVER IN U.S (ES. NO OF UNKNOWN) (IF YE	ARMED FORCES?	166 SOCIAL SEC	UNITY NO.	17 INFORMANT	ADDRESS	1. 10.	0./
P 0 0 0		YES			16.5	PATRICK M.	13RADY-67/2	6/el FL. N	IVERNALE M
T., BALT physicia npapers, moval.		18 CAUSE OF DEATH (Enter	er only one couse pe	r line for (a), (b), o	nd (c).)	1		BETWEE	NONSET AND DEATH
			DIATE CAUSE (0)	BILE	les	al over	money.	8	Days.
PRESTON ST he death cert re attending emove corbar matian, or ret rtraumatic ex	7	486	DUE TO, C	R AS A CONSEQU	JENCE OF			STORY OF STREET	0
deather after ove		Conditions, if ony, which							
. = = = 0 0		gave rise to immediate couse (a), stating the	DUE TO C	R AS A CONSEO	JENCE OF				
on W. that the day the day the dease riol, crear arrathe		underlying couse lost	(cl_				Per.	Theral 1	verrupath
20 es		PART 2. OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	AINAL DISEASE OR CONDITI	ON GIVEN IN PART	1101
PRDS,	õ	Chrom	alcoh	blism.	with	Cerchellas	1) egener		nd 1
aw re prior	3	19a. DATE OF OPERATION	196 CONE	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED		Db. IF YES, WERE FIND CERTIFYING CAUSE	
TALRE losicion.	CERTIFICATION						YES NOW	YES 🗌	NO 🗆
> Z & VOI ®	Ü	210. ACCIDENT WAS UNDERLYING	1 110110 4		DAY YEAR	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)	
ON OF V	CAL	OR CONTRIBUTING CAUSE O		.M.	19				
PHYSI ending this ce buring and Mei	MEDICAL	21d INJURY OCCURRED		OF INJURY	FARM FIC)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
DIVISI DING P or ofter After the e as the olth and marked	2	AT WORK NOT WHILE		meer, racioni, oirice	-1		11-	1 0	
		220.1 certify that (1) (this h			34	19.81	to 2/23	19.8	, that (I) (we) lost
THE PART TO SEE THE SE		saw the deceased aliv	d net) view the body	offer death.	5 0	nd thown (my) (our pinion	death occurred on the date	and hour and from th	ne couses stated
8 4 8 6 0 a		224 SIGNATURE .			0 0	DEGREE		22c DA	TE SIGNED/
		Nand	Ci	ome	20	ATTENDING PHYSICIAND	MEDICAL STAFF DIRECTOR PHYSICIAN	10 21	25/8/
HOSPITAL med by it FUNERAL uld be det othe Stote		22d. PHYSICIAN'S NAME (1	YPE OR PRINT)			22e ADDRESS		1	/
TO HOSPITAL retained by TO FUNERAL should be de with the Stott		DAVID	CRONI	HELL.	MD				
share with		BURIAL, CREMATION, REMO			NAME OF	EMETERY OR CREMATORY	23d. LOCATION	1	
BP		Burial	Jdf. 2	7.1981	hosp	AHU Cimile	Masken	COUNTY	CO.C
DHMH-16 30M 2/80	24 F	UNERAL DIRECTOR	24	ADDRESS	. 1	25a DA	IE REC'D. BY REGISTRAR 754	EGISTRAR'S SIGN.	ATURE
(VRA 15, 4)	10	Those Funeral Hon	ce Julian	Dr. 2500	aust.	DINN DOEB	2 7 1981	ston hall	and a

THE TOTAL PROPERTY AND PERSONS AND PROPERTY. FEB ? - 1931 First follows

DHMH-16 30M 2/80 (VRA 15, 4)

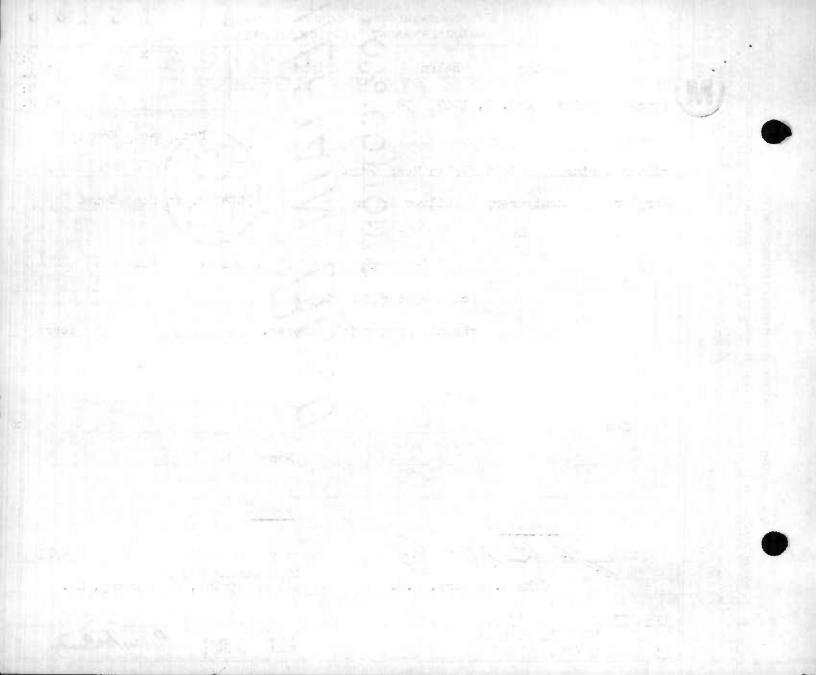
	ARTMENT OF HEAI CERTIFICA		REG. NO.	0 5 2	6 4
P.					26 HOUR 12:35PM
4 RACE White	5. DATE OF B	17 1857		DAY) IF UNDER 1 YEAR MONTHS DAYS	
76. CITIZEN OF WHAT COUNT USA	MARRIED L	NEVER MARRIED -		COUNTY OF DEATH	MD
Montgomery G	eneral Ho	(1)	USUAL OCCUPATION	VORKING LIEFT INDUSTRY	chool
	cus 136		STREET ADDRESS 26230 Howar	rd Chapel D	rive
Watki		MOTHER'S MAIDEN NAME Elizabeth	WIDDLE	Lydard	st
E WAR OR DATES					20750
(c)CONDITIONS CONTRIBUTING	TO DEATH BUT NO	/AS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDI IN CERTIFYING CAUSES	NGS USED S OF DEATH?
P.M.	DAY YEAR	t HOW INJURY OCCURRED		IN ITEM 18 PART 1 OR PART 2)	NO 🗍
(AT HOME STREET, FACTORY, OF tal) oftended the deceased fr	rom and the	street 19 nat in (my) (aux) Opinion deo	th accurred on the date	, 19 20 cond hour and from the	that (I) (we) last a causes stated E SIGNED 2, 1981
PRINT)	27	e ADDRESS		N L	
	AA	ETERY OR CREMATORY	23d. LOCATION		
	A RACE White 7b. CITIZEN OF WHAT COUN USA 11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE MONTGOMERY COTHER INSTITUTION GIVE RESIDENCE TY MALE M	MIDDLE P. BRAND P. BRAND A RACE White 7b. CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL, NURSING HOME OR COUNTY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRES) MONTGOMERY GENERAL HOME OR COUNTY TY TY TY MATCHING OF HOSPITAL, NURSING HOME OR COUNTY MONTGOMERY GENERAL ADDRESS) MONTGOMERY GENERAL ADDRESS) MONTGOMERY GENERAL ADDRESS) MONTGOMERY GENERAL ADDRESS) MED FORCES? 16b. SOCIAL SECURITY NO. 17 218—30—3700 17 DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NO 19b. CONDITION FOR WHICH OPERATION WHICH	CERTIFICATE OF DEATH MIDDLE P. BRANDENBURG A RACE White Jan 174 1897 75. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED TO NEW TO INSUCH FACILITY. GIVE STREET ADDRESS) MONTGOMERY GENERAL ADDRESS) MONTGOMERY GENERAL ADDRESS) MONTGOMERY TO RESIDENCE BEFORE ADMISSION) TY TY TY TY TY TY TY TY TY T	CERTIFICATE OF DEATH P. BRANDENBURG P. BRANDENBURG Feb. 2, 19 Feb. 3d Feb. 2, 19 Feb. 3d Feb. 3d Feb. 2, 19 Feb. 3d Feb. 3d	CERTIFICATE OF DEATH P. BRANDENBURG P. BRANDENBURG Feb. 2, 1981 4. RACE S. DATE OF DEATH MODIN Feb. 2, 1981 3. DATE OF DEATH MODIN BLOOKER IVER. MODINE IVER. MO

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0	1.	FOR - STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 REG. NO.	0 5 2	6 5
l be		CEASED NAME FIRST INF	ANT BOY BRA	Pa	AST	20 DATE OF DEATH MON	NTH DAY YEAR	5:32pm
age 4 ma	3. SE	10)ple	Canc	2 MONT	DAY SEAR	6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS	FUNDER 2 HRS HOURS MIN 32
35	5	IRTHPLACE (STATE OR FOREIGN OUNFRY)	L SA	MARRIE		Mont you	ery	MD.
nours after	5	ITY OR TOWN OF DEATH SPECIAL AL RESIDENCE OF NURSING HOME OF	11. NAME OF HOSPITAL	GIVE STREET ADDRESS) 55 HOSP	The state of the s	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO N/A		OF BUSINESS OR
BALTIMORE, MARTLAND 2120 ificate be executed within 24 hour twictinn and completely filled in the parts. Plages 1 and 2 should be filled together. The mutacate sample filled	MA	STATE 136, COUR	NTY 13c CITY	ORTOWN	134 INSIDE CITY LIMITS? YES X NO 1		AHAM STREET	Γ
cuted w		DONALD		RÂNT	PAMI	ELA SUE	CAS	WATSON
IMORE e be exe		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV N/A	E WAR OR DATES)	NE	DONALD BR	ANT SAME A		THER
aw requires that the death cert signed by the attending in Then please remove carbin in for to burial, cremation, or remain any injury, or other traumatie	TION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (MA FUEL BOOKSEQUENCE OF	NOT RELATED TO THE TERM			•
DIVISION OF VITAL RECORDS, DING PHYSICIAN: The law rec sttending physician. After this certificate has been sis st he burial-transit permit. Then th and Mental Hygiene prior to 1 imarked or Item 18 shows any it	CERTIFICATION	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	216. TIME OF INJURY		N WAS PERFORMED		DIL IF YES, WERE FIND IN CERTIFYING CAUSES YES () HITEM 10, PART 1 OR PART 2)	
DING PHYSICIAN: The trending physician. After this certificate has the burial-transit peru th and Mental Hygiene marked or Item 18 sho	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK			211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
TO HOSPITAL OF ATTEND retained by the hospital or att TO FUNERAL DIRECTOR: should be detached for use as with the State Dept. of Health IMPORTANT: If Item 21 is n		226.1 certify that (I) (this hasp saw the deceased alive on above (I) (well idid) idid in 226 SIGNATURE 226. PHYSICIAN'S NAME (TYPE'C DR. KI	Cot) view the body after dea	19 B/ . 0	220 ADDRESS	deoth occurred on the dote MEDICAL STAFF ODIRECTOR PHYSICIAN 388 Univ. B	ond hour and from the	
BP Tetre	L.	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	2/6/81	GATE	EMETERY OR CREMATORY OF HEAVEN	23d LOCATION CITY OR TOWN SILVER SPR		
ODHMH-16 25M (VRA 15, 4) 1/79		UNERAL DIRECTOR FRAN 00 UNIV.BLVD., W	ICIS J. COLLI J.,SILVER SPA			E REC'D. BY REGISTRAR 251	SEC ISTRAR'S SIGNAT	URE

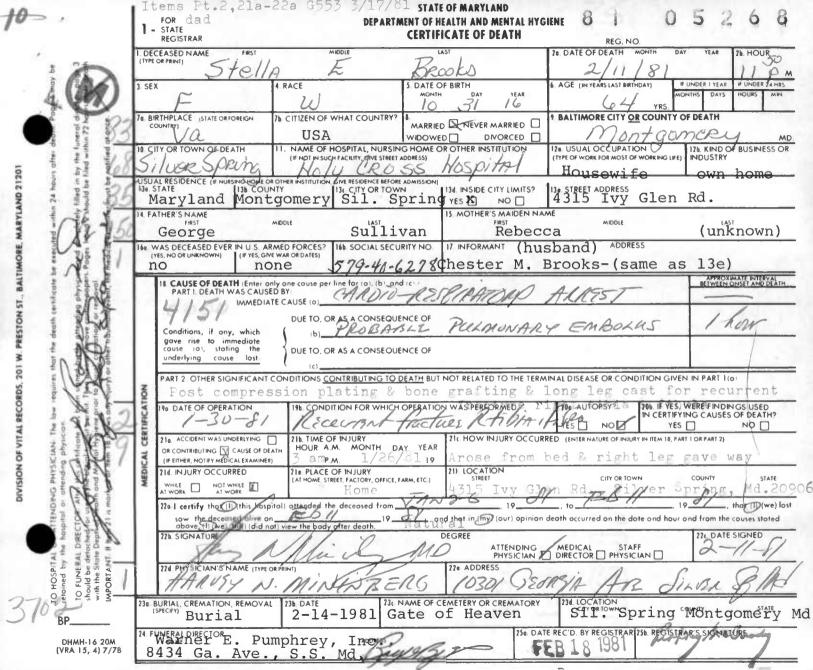


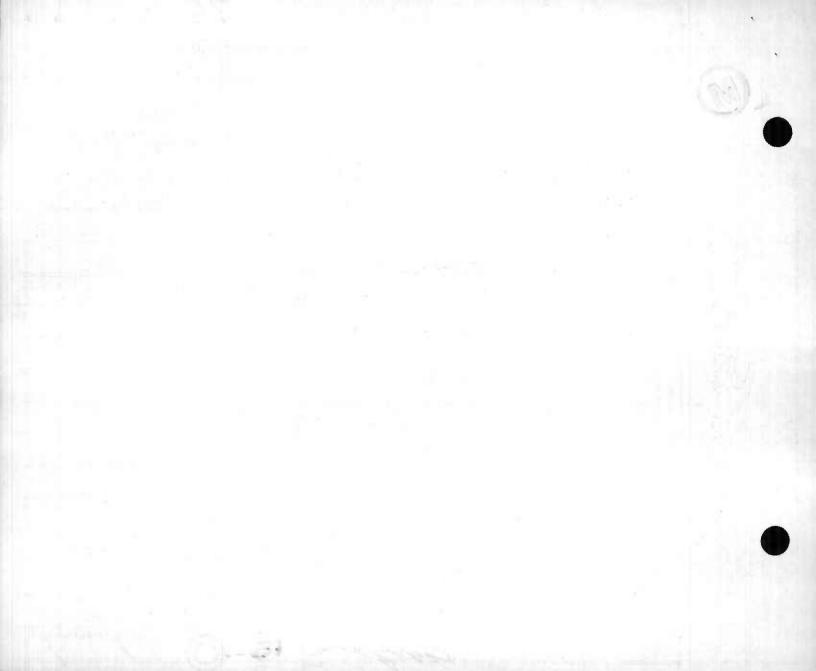
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.			1	FOR				D	EPARTMENT (F HEALTH	AND MENTA	AL HYGIER	作	U	5	100	0	0
December	8		REGISTRAR					MEDICAL EXAMINED'S CERTIFICATE OF DEATH										
DOTOTHY Helen Bright 19 81 3	U			CEASED NA	ME	FIRST			MIDDLE		LAST		20. DATE K	NOWN FA	MONTH	DAY	YEAR	26 HOUR
SK SACE SACE		Mainte	(TYF	E OR PRINT)		Dorot	hv		Helen		Bright		OF DEATH	ESTI-	2/1		. 21	9:50
Pemale White Jan. 2, 1907 74 yas Popen Popen 2/4 yas 21 as Popen 2/4 yas		A STATE OF THE STA	I. SE	(N YEARS IF UI		IDER 24 HRS.						A. M
12 STATE S		×,5,2,2,1	177	- T -	I.m. a					THDAY) MONT			PRONOUN	CED	2/1		. 87	A
Silver Spring Silver Spring Sold Berken Head Court Silver Spring State State			70. B	RTHPLACE	(STATE OR	te				10	-			ORE CITY OR				I Ata M
Silver Spring Silver Spring Sold Berken Head Court Silver Spring State State		SPECIFIC SERVICES	FC		7)		,	10	Λ		_							
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NONE None 216. EXTERNAL CAUSE WAS 1216. TIME OF INJURY 100 10	2	HI WAS ALL	14.17	FIRST					LAST	т		AIDEN NAME		OJE JAINT		LA	ST	
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NONE None	- 4	S AI GIV IVIS								2050	LEWIS	M. BK	IGHT	SAME	AS			
NONE None	ST.	MAN WAS		18 CAUSE PARTIC	FATH WAS	S CALISED	RY.											
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3	L.	FOR STATE	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY	GIENE 8	0 5 2	6 /
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
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y be			. Brinkley.		Feb. 1, 198		8:44 It M.
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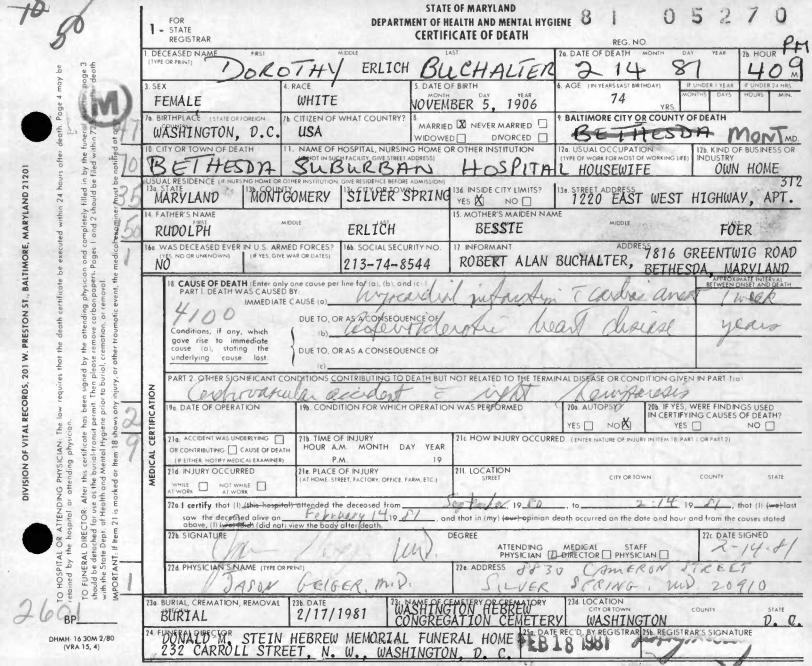
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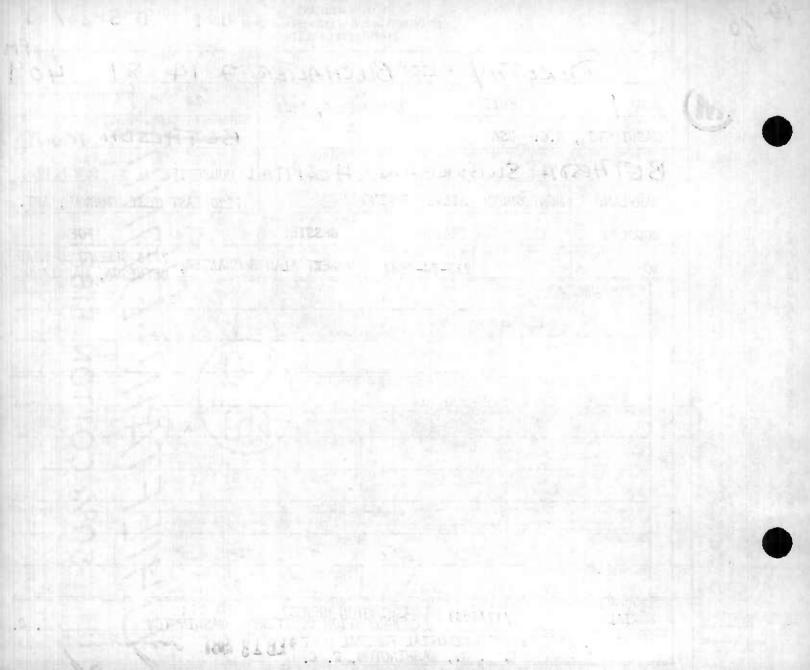
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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W.Montgomery Ave., Rockville, Md. 20850

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN 7h HOUR (TYPE OR PRINT) OF ESTI-Mario Michael Capuano 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER TYR SEX IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHOAY) PRONOUNCED CAVC 56 YRS 19 8 To BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY MONTGOMER THLY WIDOWED DIVORCED IB. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY MASON ST8 NE 13a STATE 13d. INSIDE CITYLIMITS? 13e STREET ADDRESS MENTGOMER YES NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE DiRienzo Pasqua 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? **ADDRESS** 9514 Patricia Beall Same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: ASPIRATION ACUTE IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which TON GUE gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION NONE 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [NO A PRIOR TO BURIA 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 9 OR HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 460 AT WORK AT WOLLE ome EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORV
TO FUNERAL DIRECTOR: P
AFTER DEATH, WITH THE ST
BALTIMORE, MARYLAND, 213 22s. I certify that I taak charge of the remains described above, held an and in my apinian death resulted fram: Notucel coures Suicide Hamicide Undetermined manner EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 73r. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 2/17/81 Mt. Hope Cemetery Hastings-on-Hudson Burial DHMH-17 20M 1/73 24 FUNERAL DIRECTOR Wheeler Fune Home 25 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE (VR A15 ME (5)) 1331 Rockville Pike, Rockville, Maryland 20852

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HOMES, P.A., Bethesda, Maryland

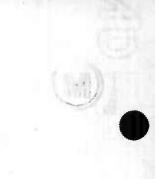
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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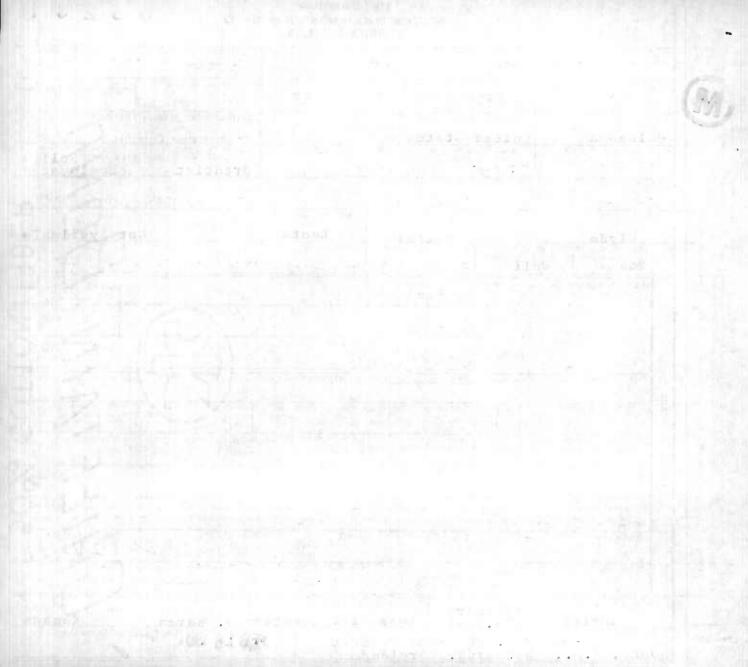
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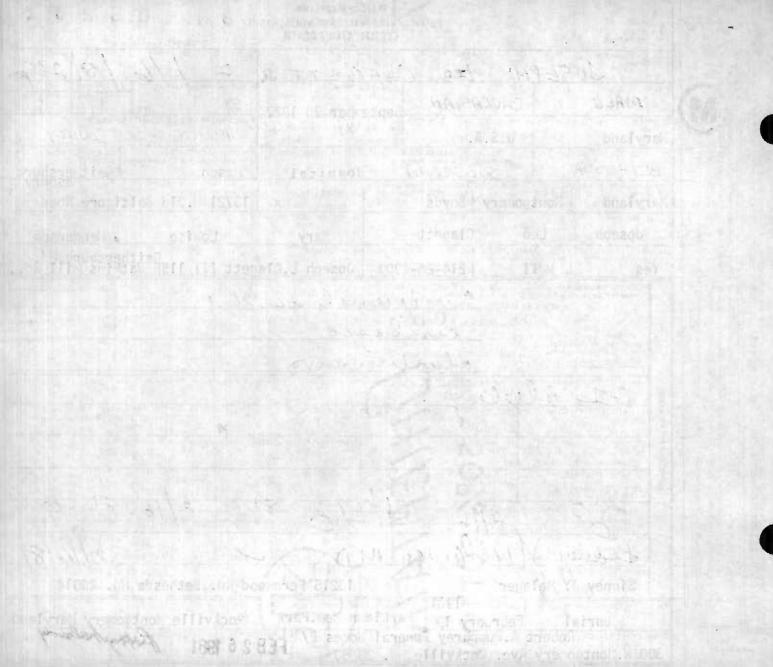
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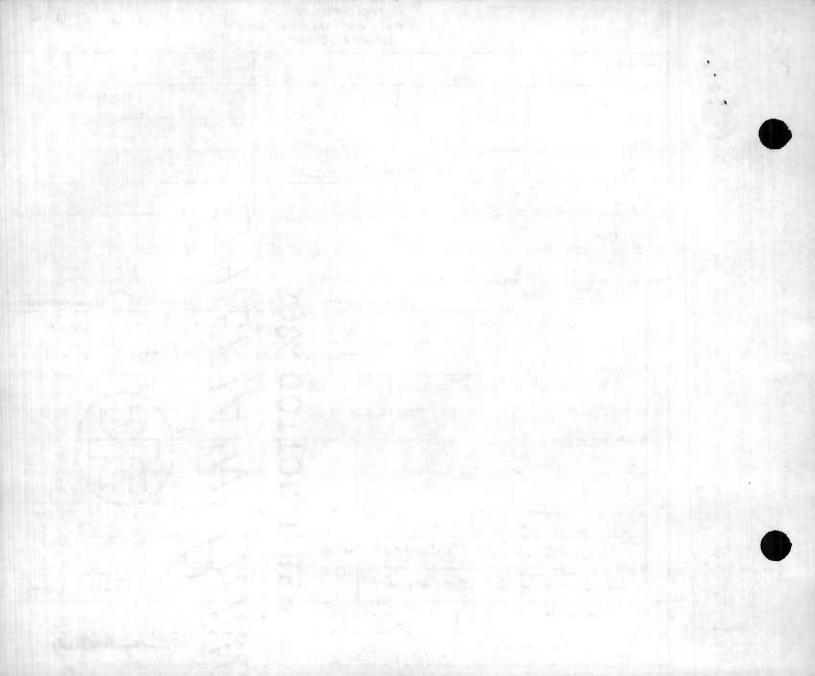
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hysician poperi ravol.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), and (c .	1 00sepii L.Cia	Ou c	APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
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The low re- icion. If hos been asit permit. If	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERAT	ION WAS PERFORMED	200 AUTOPSY? YES ₩ NO□	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
IYSICIAN: The ding physicial physicial conficute boundi-tronsit Mental Hygie ar them 18 sha		216. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA	HOUR A.M. MON	TH DAY YEA		RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)
DING PHYS or ottendin After this ce os the bur ofth and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTOR)		21f. LOCATION STREET	CITY OR TO	NN COUNTY STATE
ATTENDIR spitol or CTOR: Al for use of Health		22a.1 certify that (1) (this haspi saw the deceased alive on above (1) Jwe) (did) (did no	2116	19 50		deoth occurred on the	1950, the (Dwe) lost and hour and from the couses stated
Y the ho RAL DIRE detoched ote Dept)	22b. SIGNATURE	Malar	ven v	The second secon	MEDICAL STA	FF CIAN 22c. DATE SIGNED
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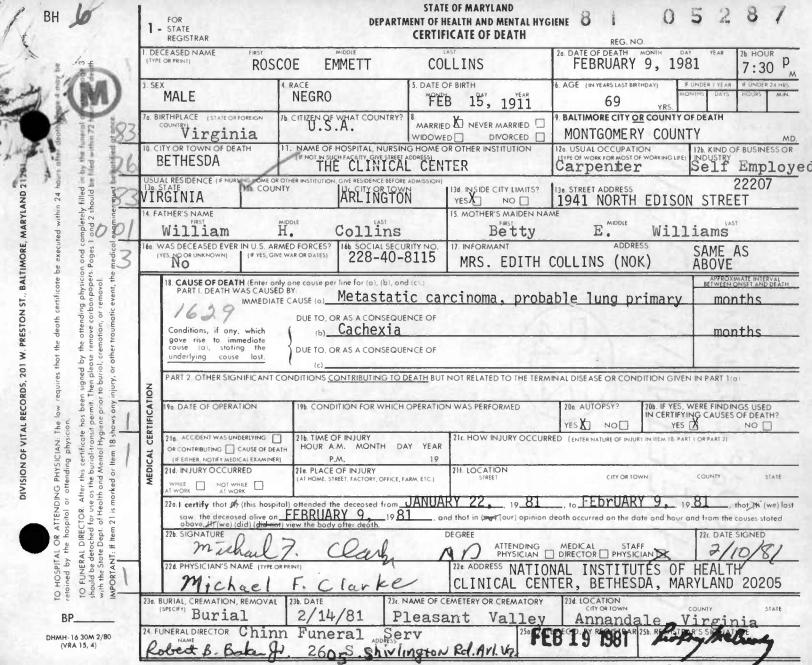
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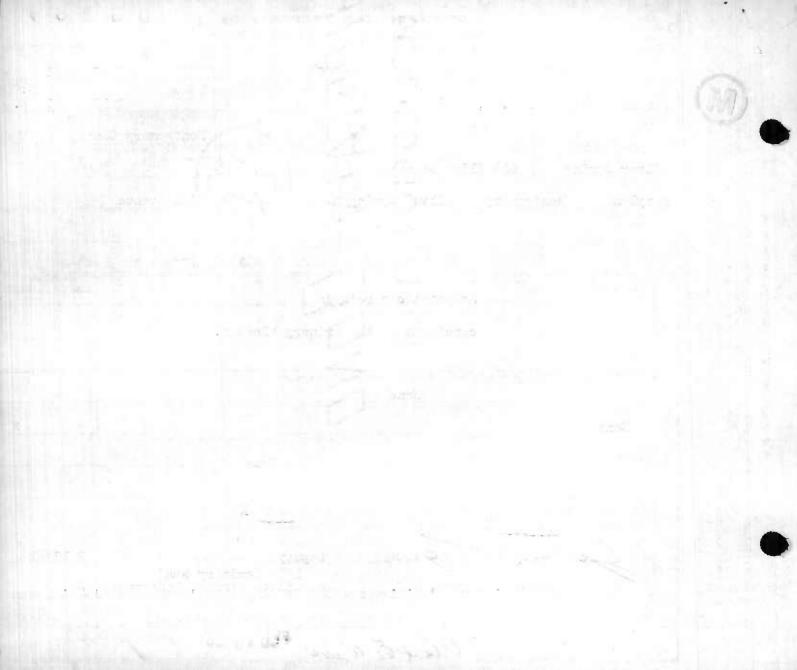
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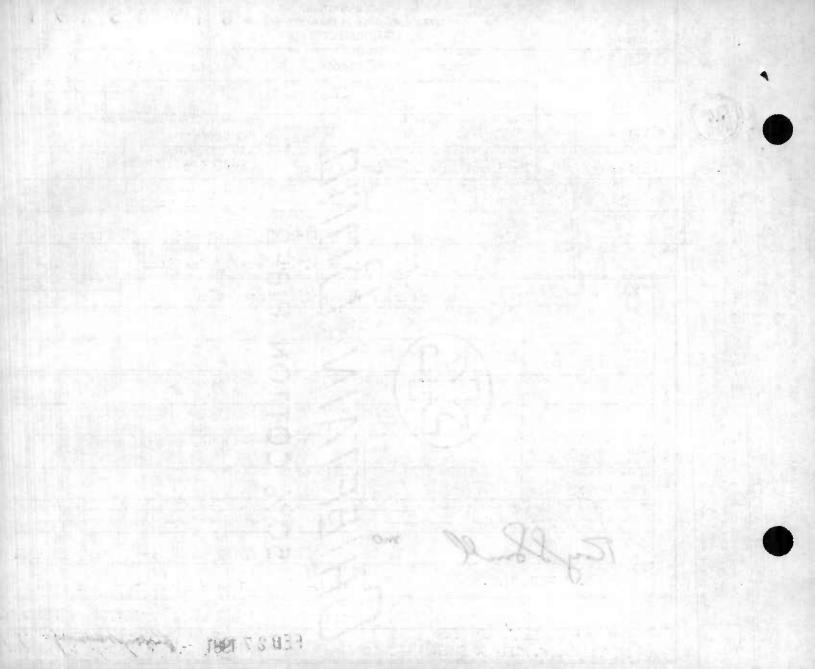


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pag ar de	3 SE	x // CCTY	4 RACE	S DATE (6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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	7a B	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	S MARRIE WIDOWI	D NÉVER MARRIED	Montgomery	Y OF DEATH
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shou	14. F.	ATHER'S NAME			15 MOTHER'S MAIDEN NA	ME	
14 de 25		Harry	O.	Yeager	Senora	WIDDLE	Maxey
physician and con papers. Pages 1 ar amoval. tic event, the med	16a \	VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GN	RMED FORCES? 'E WAR OR DATES!	214-28-2743	Thomas H. Cre	ADDRESS eighton, III, Son	1355 Jeanette V Southampton, PA
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or use as of Healt m 21 is r		22s. certify that (I) (this hasp sow the deceased alive or above, (I) (w) (did) (did no	V.L. 1 A	19 - (1)	nd that in (my) (out) opinion	deoth accurred on the date and ha	ur and from the couses stoted
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should be detected with the State IMPORTANT:		Robert V. Cho		и . В.	5530 Wisc. A	ve. Chevy Chase,	Md.
F & 3 ≥		BURIAL, CREMATION, REMOVAL SPECIFY Burial	2/17/8	Bl Parkla	emetery or Crematory wn Cemetery	Rockville, Md	COUNTY STATE
	24. F	UNERAL DIRECTOR Joseph	Gawler	s Sons, Inc.	25s. DA1	E REC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE

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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



- STATE

REGISTRAR

12b. KIND INTERSTATE COMMERCE COMMISSION 13e STREET ADDRESS 719 GILBERT STREET DINNAN SAME AS 13 WIFE APPROXIMATE INTERVAL DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE that (I) (we) lost and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED SL. SPG, ML GATE OF HEAVEN BURIAL 2/18/81 24 FUNERAL DIRECTORFRANCIS J. COLLINS DHMH-16 30M 2/80 (VRA 15, 4) 500 UNIV. BLVD., W., SILVER SPRING, MD. 20901

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

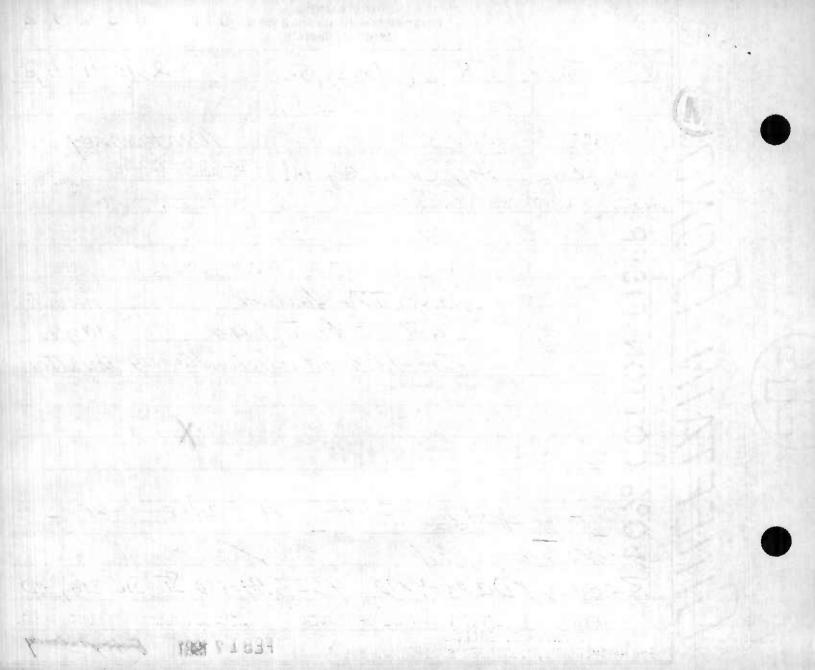
CERTIFICATE OF DEATH

REG. NO.

2b. HOUR 40

81

IF UNDER 1 YEAR DAYS



DEPARTMENT OF HEALTH AND MENTAL HYGINE CERTIFICATE OF DEATH 1. DECEASED-NAME (Type or pinnt) RUTH ASIRE DAIL 3. SEX 4. RACE 7. DATE OF BIRTH ASIRE 5. DATE OF BIRTH AUG. 24, 1907 7. DECEASED-NAME (Type or pinnt) RUTH ASIRE 6. AGE (In years least pinhday) YRS. Female 7. DATE OF BIRTH AUG. 24, 1907 7. DECEASED-NAME (Type or pinnt) RUTH ASIRE 8. MARRIED Aug. 24, 1907 7. DATE OF BIRTH AUG. 24, 1907 7. DECEASED-NAME (In years least pinhday) YRS. 10. CITY OR TOWN OF DEATH Bethesda 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired.) ROUSTRY Bethesda 13. USUAL RESIDENCE (Where deceased lived, if institution: Residence before life.) 13. USUAL RESIDENCE (Where deceased lived, if institution: Residence before life.) 13. USUAL RESIDENCE (Where deceased lived, if institution: Residence before life.) 13. USUAL RESIDENCE (Where deceased lived, if institution: Residence before life.) 13. USUAL RESIDENCE (Where deceased lived, if institution: Residence before life.) 13. USUAL RESIDENCE (Where deceased lived, if institution: Residence before life.) 13. USUAL RESIDENCE (Where deceased lived, if institution: Residence before life.) 13. USUAL RESIDENCE (Where deceased lived, if institution: Residence before life.) 13. USUAL RESIDENCE (Where deceased lived, if institution: Residence before life.) 13. USUAL RESIDENCE (Where deceased lived, if institution: Residence before life.) 13. USUAL RESIDENCE (Where deceased lived, if institution: Residence before life.) 13. USUAL RESIDENCE (Where deceased lived, if institution: Residence before life.) 13. USUAL RESIDENCE (Where deceased lived, if institution: Residence before life.) 13. USUAL RESIDENCE (Where deceased lived, if institution: Residence before life.) 13. USUAL RESIDENCE (Where deceased lived, if institution: Residence before life.) 13. USUAL RESIDENCE (Where deceased lived, if institution: Residence before life.) 13. USUAL RESIDENCE (Where deceased lived, if institution: Residence before li	
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14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Last
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160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no prounknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 17. INFORMANT Address 17. INFORMANT Address	
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APPROXIM 18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) APPROXIM	ATE INTERVAL SET AND DEATH
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	Ru.
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admission) Mar. 13b. COUNTY Montgomery Bethesda YES NO 5010 Baltimore Ave. 14. FATHER'S NAME First Middle Judd Asire (Unknown) 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 17. INFORMANT Address 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (conditions, it only, which gave) rise to immediate cause (a). PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ADMINISTRATION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ADMINISTRATION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ADMINISTRATION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ADMINISTRATION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ADMINISTRATION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ADMINISTRATION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ADMINISTRATION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ADMINISTRATION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ADMINISTRATION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	no.
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210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.)	
216. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (If either, notify medical examiner) 216. TIME OF INJURY 217. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (If either, notify medical examiner) 218. TIME OF INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.)	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME KNOWN (TYPE OR PRINT) DEATH MATED IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 62 8YRS 2 DEAD 6 70. BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Maryland Montgomery Co., WIDOWED DIVORCED AGES 1, 2, AND 3 TO THE FUR RM PM 3. RETAIN PAGE 5 1 AND 2 SHOULD BE FILED, 1 OF VITAL RECORDS, 201 W 120. USUAL OCCUPATION ITYPE OF WORK 126. KIND OF BUSINESS Student USUAL RESIDENCE 13a. STATE 13e STREET ADDRESS 136. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Montgomery 20540 Frederick Rd. Maryland Germantown NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE Kenneth Martha Swift Day Jane 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS OAE, WRITING THE WORD "PENDING INTERNITING MITH HUM FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH HUM OR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT. PAGES 1 INE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISIONAL STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. 219-74-5938 No Item 13 Martha J. Dav. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which Victed. gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10-CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR AM MONTH DAY YEAR 21s. PLACE OF INJURY 211. LOCATION 21d INJURY OCCURRED AT WORK AT WHILE TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P OME 22a. I certify that I took charge of the remains described above, held an death resulted fram: Accident Undetermined manner Natural causes ACTUAL SIGNATURE EXAMINER'S NAM John G. Ball, M.D. Bethesda. Md. TYPE OR PRINT ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY Burial Upper Seneca Baptist Feb. 15 Cedar Grove Montgomery 24. FUNERAL DIRECTOR BY REGISTRAR 256 REGISTRAR'S SIGNATURE Olin L. Molesworth, P.A., Damascus, Md. **DHMH - 17** (VR A15 ME (5)) 15M 2/80

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	2.5	REGISTRAR CEASED NAME	FIRST	MEI	MIDOLE	IEK 3 C	LAST	P DEATH	REG. NO.	MONTH DAY	Y YEAR	2b. HOUR
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	3. SEX		RACE	S. DATE OF BIRTH	YEAR LAST BIRTHI	ARS IF UN	DER 1 YR. IF UNDER	24 HRS. 2c. DAT MIN PRONOU DEA	NCED	MONTH DA		2d. HOUR
247	FO	RTHPLACE (STA		76. CITIZEN OF WH		8. MARRI		P. BALTI	AORE CITY OR	COUNTY OF		O PO M
4		Y OR TOWN O	F DEATH	11. NAME OF HOS	PITAL, NURSING HOM	WIDOW E, OR OTH		12a. USUAL OCCL	Montgon	WORK 112h K	CIND OF BUS	MD.
0		Bethese		Suburl	cility, Give street address) oan Hospita			FOR MOST OF WO	RKING LIFE)		OR INDUSTR	Y
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1	14. FA	THER'S NAME FIRST		MIODLE	LAST		15. MOTHER'S MAIDER	NAME	MIDOLE		LAST	
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REMO		gove rise	to immediate	(b) <u>(</u> 6	AS A CONSEQUENCE		CRIO SC LET	ras 15			7/1	7
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	_	PART 2 OTNER SIGN	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	OUT NOT RELATED TO THE TER	MINAL OISEASE	OR CONDITION GIVEN IN PAR	T 1 (a ,				
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5	CERTIFICATION	21a. EXTERNAL		21b. TIME OF	INJURY MONTH DAY YEA	21c. HC	W INJURY OCCURRED) LENTER NATURE OF IN	JURY IN ITEM 18 PAR	T 1 OR PART 2)	160 []	140 85
3			G CAUSE OF	DEATH P.M.	2 2719 8		LLHPSED CATION	WHILE	EAT	ING		- 131
	MEDICAL	21d. INJURY OF	NOT WHILE		OF INJURY (AT HOME, ORY, FARM, ETC.)	211. LO	TREET	CITY OR TO	OWN	COUNTY		STATE
		AT WORK	AT WORK	- KEST	RUPANT		WISCONSINA	WE BOT	HON	MOA	7	M
AND, 2	113	3			Fribed abave, held on	Autop				n my opinion		
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BALTIMORE, MA		(TYPE OR PRIN	T)	- MITTE	e/		ADDRESS \$ 200 W	IS COWSINI.	YVE &	E7 14	SDI	90
	23a.BI	PECIFY)	on, REMOVAL	23b. DATE 2-28-81	23c. NAME OF CE		Crematory	23d LOCATION CITY OR TOWN Alexand	lria Al	county	STA VO	-
		NERAL DIRECT	OR				250. DAJE R	EC'D. BY REGISTR				•
	F.	Gasch'	s Sons	F.H. P.A.	Hyattsvill	e, Md	. 194	K. 138		1	7	
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STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

DHMH-16 30M 2/80 (VRA 15, 4)

Trempmanolf Saryland | Nontgoons Silver Spring | 2 | Bills Mark Street Apt. Vice workers. COP-32-50334 Unithmide Stellerish-Said 16th Et. Silver

30	1.	FOR - STATE			DEPARTMENT	OF HEALT	MARYLAND H AND MENTA	L HYGIENE		0 5	2 9	7	
		REGISTRAR		ME	DICAL EXA	MINER'S	CERTIFICATI	OF DEATH	H REG. NO	0.			
ш д д о с	1	DECEASED NAME (TYPE OR PRINT)	Leste	r	A.	Dess	(AST		OF ESTI-	_	21981	2b. HOUR	
PHEAS MINETONIA COURT	m V	SEX 4. R/	ite	S. DATE OF BIRTH	YEAR LAST	(IN YEARS IF U		DER 24 HRS. 2c.	DATE DNOUNCED DEAD	MONTH I	12 1981	2d HOUR	
CRSSAc	196.2	o. BIRTHPLACE (STATE C FOREIGN COUNTRY) Virginia)R	June 20. 7b. CITIZEN OF W	HAT COUNTRY?	COUNTRY?			RRIED . 9. BALTIMORE CITY OR COUNTY			PM	
A3223	20	CITY OR TOWN OF D		U.S.A. WIDOWED XX DIVORCED Montgomery 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE							. KIND OF BUS	MD.	
DELAY IS TO THE PAGE BE FILE 05, 301	00	Bethesda UAL RESIDENCE (IF IN NURSING HOME O		(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 5409 Harwood Rd. FOR MOST OF WORKING LIFE; Ret General						-	Marine Corps		
21201 IF ANY E 3. RETAIN SHOULD		o. State Maryland	136 COUNT		13c. CITY OR TO	WN	13d INSIDE CITY LIMIT		ADDRESS Harwood	Road			
E I NA	1	FATHER'S NAME		MIDDLE	LAST		15. MOTHER'S M	AIDEN NAME	WIDDLE		LAST		
E, MD ES 1, ES 1,	50	Charles	1	Ernest	Dessez		Cora		Cecelia		Serrin		
BALTIMORE, RS AFTER DE VI GNE PAGE WITH FORM		(YES, NO, OR UNKNOWN)		MED FORCES?	166 SOCIAL SE	CURITY NO.	17. INFORMANT		ADDRESS	1340	Potomac	School	
URS AFTE B. GIVE P WITH FC DIVISION		Yes	WW I	& II	316-30	-3543	Jeanne	Dessez	Sedgwick.	Rd. M	cLean.	Va.	
W. PRESTON ST. D WITHIN 24 HO FENCII IN ITEM 1 TAMNINER ALONG ENALMAL HYGIENE	OR REMOVAL.	Conditions, gave rise t	IMMEDIAT any, which a immediate ing the under-	E CAUSE (o) DUE TO, OF	AS A CONSEQUI	ENCE OF	·Caral	io Vasc	ular D	i Serse	BETWEEN ONSET	AND DEATH	
CORDS, 301 DIRECTOR NOINGS IN R MEDICAL EX AS A BURIAN ALTH AND M	Z O		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).										
TALREC "HOULD ! RD "PEN CHIEF M CHIEF M OF HEAL	AL CREA	19a. DATE OF OPE	RATION	19b. CONDI	TION FOR WHICH	OPERATION	WAS PERFORMED?				20 AUTOPSY?	NO 🗽	
DIVISION OF VITAL RECORDS, 301 CERTIFICATE SHOULD BE EXECUTE PRING THE WORD "PENDING" IN P ROED TO THE CHEF MEDING" EX E 3 SHOULD BE USED AS A BURIAL E 2 SHOULD BE USED AS A BURIAL E DEPARTMENT OF HEALTH AND M	201	210 EXTERNAL CA	OR		MONTH DAY	YEAR	HOW INJURY OCCU	JRRED (ENTER NATU	URE OF INJURY IN ITEM 18	PART 1 OR PART 2			
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EXAMINER: TI CERTIFICATE, DIRECTOR: PE WITH THE STA	ARYLAND, 21201	22e I certify the		e of the remains de	Accident ,	d on Auto	. Homicide [Undeterm	Inquiry , or	nd in my apink			
SHOULD EXA	SE M	ACTUAL SIGNATURE	J	elm 15.6	Boll		M.D. Pefut		AL EXAMINER	DATE SIGNED 2	Feb. 12,1	1981	
TO MED EXECUTE PAGE 4 TO FUNI	ALTIM	EXAMINER'S NAM (TYPE OR PRINT)	JOHN	G. Ball,		N. V.	_ADDRESS79	36 Old (Georgetow	n Rd. I	Beth.,	Md	
476BP	-	(SPECIFY) Cremation	1 2	2/16/81		C	edar Hill	Suit	land, Md.	COUNTY	STA	TE	
DHMH - 17 (VR A15 ME (5 15M 7/76		5130 Wisco					00.349	B 2 0 198	31 First	my Kal	Leady		

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5 1/4		CEASED NAME	FIRST	He Herbald	MIDDLE		LAST	20	OF ESTI-		DAY YEAR	7b. HOUR
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4/	FO	REIGN COUNTRY		U. S. A. WIDOWED DIVORCED MONTGOMERY COUNTY OF DEATH WIDOWED DIVORCED MONTGOMERY COUNTY Montgomery County								
7	TO. CI	TY OR TOWN O	FDEATH	11. NAME OF HOS	PITAL NURSING H	OME, OR OTH	IER INSTITUTION	12a USUA	LOCCUPATION (TY		26 KIND OF BU OR INDUST	ISINESS
		llver Sp			ton Adven		spital	Jr.	Engineer		OK INDUST	K I
6	13a. S	TATE	T3b COUN	OR OTHER INSTITUTION, G	13c CITY OR TOV	VN	13d. INSIDE CITY LIMITS	52 13e STREE	T ADDRESS			
2		ryland	Mont	gomery	Silver	Spring	YES TO NO	□ 15n9	Hampshir	e West	Court	#9
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1	(YI	ES, NO, OR UNKNOW	(IF YES, GIVE	E WAR OR DATES)					ADDRES	1509 H	ampshir	e Ct
	NC		DEATH OF 1		Not Sta		Lorna V	Devor	e, Silver	Sprin	approximati	
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N, OR REMOVAL.		Conditions	, if ony, which		AS A CONSEQUE	ACE OF						
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1	IFIC	SAME FOR									YES 🐼	NO 🗆
5	ERI	21a. EXTERNAL		21b. TIME O	FINJURY	21c. H	OW INJURY OCCU	IRRED (ENTERNA	TURE OF INJURY IN ITEM 18	8 PART 1 OR PART		
)		UNDERLYING CONTRIBUTING	OR G ☐ CAUSE OF	DEATH 2:09%	M 2-26-	YEAR I		storage				
	MEDICAL	21d. INJURY OC		21e PLACE	OF INJURY (AT HO	ME. 211 LC	CATION		CITY OF TOWN	(01)	17.V	STATE
5	Σ	AT WORK	NOT WHILE AT WORK	K St	orage room	n 143	2 Hampshi	ire Wes	t Silver	Springs	s, Mary	land
K		22a. I certify	that I took chare	ge of the remains de:	scribed obove, held		syXX, Inspe			and in my opin		
9		death resulted			-Accident XX	Suicide	. Homicide	चीर	mined manner	,		
			111		1111 11		TITLE (SPECIFY					
		ACTUAL SIGNATURE_	Var	in one	e grand		D. Assista		AI EXAMINER	DATE	2-26	_91
				1				MLDIC.	AL LAAMIINER	SIGINED		-0-
5	,	(TYPE OR PRIN'	AME Mar	garita A.	Korell,	1.D.	ADDRESS 11	11 Penn	Street	1.51		
	23a.B	URIAL, CREMATI	ON, REMOVAL				R CREMATORY	23d LOC		COUNT	γ 41	ATE
	(3	Buria	al	3 Mar 81	Harmon	y Memo	rial Park	Land	dover. P.	G. Co.	Marv	
		JNERAL DIRECT		Anneco	1432 You	St.	N.W. 250 PA	TEREC'D. BY R	EGISTRAR 256. REC	SISTRAR'S SIC	GNATURE	
	W.	Ernest	Jarvis	Co., Inc.	, Washin	gton, I	. C.			/		
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STATE OF MARYLAND

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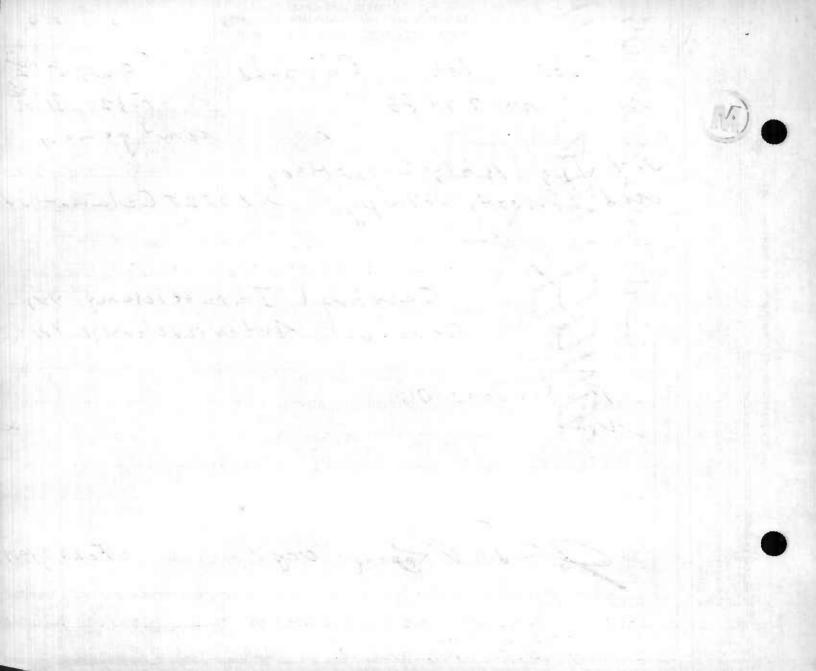
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17	FOR	STATE C DEPARTMENT OF HEA	F MARYLAND	CIENTE I O	r or z
. M	STATE REGISTRAR	MEDICAL EXAMINER			3 0 0 0
	DECEASED NAME FIRST	MIDDLE	(AST) 1	NEO: 110	MONTH DAY YEAR 26 HOL
STATE	EX 4. RACE 5 DA	ITH DAY YEAR LAST BIRTHDAY	UNDER 1 YR. IF UNDER 24 ONTHS DAYS HOURS M	HRS. 24 DATE	MONTH DAY YEAR 24 HO
74		TIZEN OF WHAT COUNTRY? 8 M	ARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
		AME OF HOSPITAL, NURSING HOME, OR	OWED DIVORCED	a USUAL OCCUPATION (TYPE	OF VORK 126 KIND OF BUSINESS OR INDUSTRY
DELAY DELAY	UAL RESIDENCE (IF IN NURSAGE HOLD OR OTHER	NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	4.4	Purchasing Ager	OKINDUSIKY
AND 3	STATE L. BE COUNTY	13c CHY OR TOWN P	13d INSIDE CITY LIMITS? 13	STREET ADDRESS	zlumet 10.
E 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	FATHER'S NAME FIRST MIDDI	-1	15. MOTHER'S MAIDEN I	NAME MIDDLE	Bollnow
	WAS DECEASED EVER IN U.S. ARMED FO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR	DACES? 166. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS	
E SWEET	18 CAUSE OF DEATH (Enter only one	325-07-5754 couse per line for (o), (b), and (c).)	IGeneve M. H	ausner daugh	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
UUD BE EXECUTED WITHIN 24 HOURS ATTER "FENDING" IN PENCIL IN 1TEM 18. GIVE PA "FEDICAL EXAMINER ALONG WITH FOR ED AS A BURIAL - TRANSIT PERMIT. PAGES HEALTH AND MENTAL HYGIENE, DIVISION AL, CREMATION, OR REMOVAL.	Conditions, if ony, which gove rise to immediate couse (o) stating the <u>underlying couse lost</u> .	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	al Ave		rotor Yr
F MEDICAL ED AS A BU HEALTH AN L, CREMATI		UTING TO DEATH BUT NOT RELATED TO THE TERMINAL O	SEASE OR CONDITION GIVEN IN PART 1	(0),	
9 K 2	196. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED?	71 71 7 70	20 AUTOPSY? YES NO C
		216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 P.	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		LOCATION STREET	CITY OR TOWN	COUNTY STATE
TOR: PAGE THE STATE AND, 21201	270 I certify that I took charge of the death resulted from: Natural caus				In my opinion
H, WITH	ACTUAL SIGNATURE	Accident	TITLE (SPECIFY)	Undetermined manner, _MEDICAL EXAMINER	DATE FEL 27 198
TO FUNERAL DIRECTOR: P. AFTER DÉATH, WITH THE ST. BALTIMORE, MARYLAND, 2	EXAMINED NAME	8	ADDRESS	EMEDICAL EXAMINER	SIGNED
2 T 30.	BURIAL, CREMATION, REMOVAL 236 DA		Y OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
24.	Burial Mar. FUNERAL DIRECTOR Francis	.2,1981 Clarendon H J. Godlins	ills Cemetery	Darien D. BY REGISTRAR 256 REGIS	uPage Illinoi
	10 University Blud.		Md. MA	4 joo:	V. L



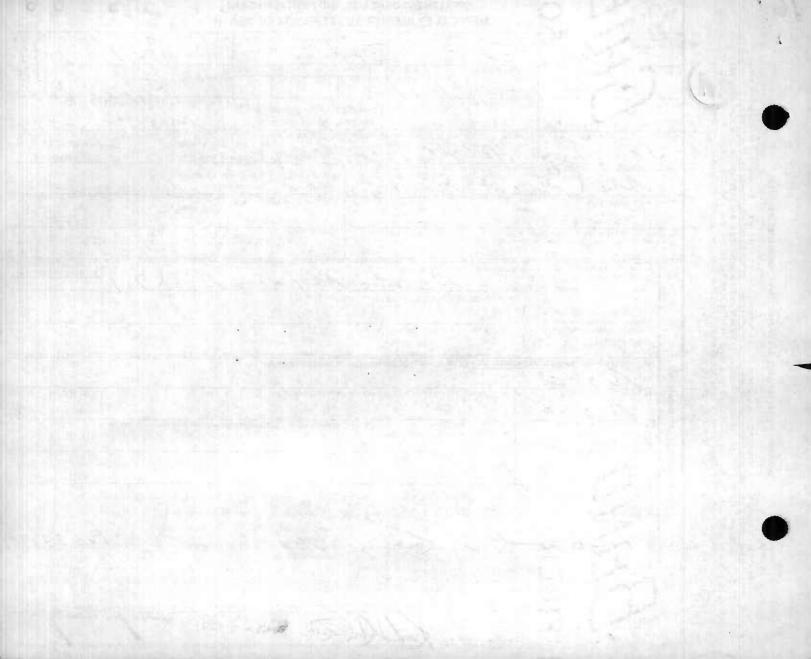
Separation of the second control of the seco Market enrich tall delected worker gireful . . ava Linker End 2820- - 31 Morran A. Namerich and there are the 2007 . W. Tinderstein, or sift or or or the . . . carrett weell batigrafi .Jian growing process that mebron id .if es is is no Particle Sandings of a Children author 2000

STREET, Andrews and The Street Co. Co. 19/14/1981 TROUT LESCOON CE AUGUSTA PR. 0E20044 CE CESTA PR. 0E20044 CESTA PR. 0E20044 CE CESTA PR. 0E20044 CESTA PR. 0E

TE Cappell Street, J. J. Massaull, R. C. H.

10			STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENS	1 0 3	3 U Q
			REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH	REG. NO.	
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	ARY, PLEASE DIRECTOR. OUR FILES.	2 (5)			> 19 0 0 M
	E E E E	3. SE)		ATE MONIN DA	1300 R
	DIRECOUR		Oct. 30 18928 (YRS.)	AD Leb. 2.	2 19 8 M
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	O S B P O O		Jel. 200 Hely Cross How Retire	אידו הב	reasurv
			AL RESIDENCE (IF IN NUT / OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)		- Landson - Land
201	ANY AND 3 RETAIN HOULD RECORD	130 5	STATE 186. COUNTY 130. CITY OR TOWN 134 INSIDE CITY LIMITS? 130. STREET ADD		
2120	AN WE AN	-	101/2	Lexington St	reet
ō.	S 1. S 1.	14 F/	ATHER'S NAME FIRST MIDDLE LAST IS. MOTHER'S MAIDEN NAME FIRST	MIDDLE	LAST
, X	CAZ PARES		Walter Ervin Frances		Barr
Ö	FORM ON		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 117. INFORMANT	ADDRESS Toigh	nton Ave.,
N N	VE P	(1	(daughte)		
BALTIMORE	OURS AFTE 8. GIVE P. WITH FO T. PAGES DIVISION	\vdash	yes WW 1 220-44-6470 Evelyn E. Hewit	tt-Sil. Spr.	
	00 18 19 19 19 19 19 19 19 19 19 19 19 19 19		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	1 - 1 1 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TS Z	N 24 HOU I ITEM 18 ALONG N PERMIT. FGIENE, D		IMMEDIATE CAUSE (a) / + CM- E e / DC 2 V d	12/1/	
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RECORDS,	HOULD BE TO "PEND! HIEF MED USED AS DF HEALTH	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	2/	D. AUTOPSY?
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Z	5年09年60	X	UNDERLYING OR HOUR A.M. MONTH DAT YEAR. CONTRIBUTING CAUSE OF DEATH P.M. 19		
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2	S CI RDE RDE RDE RDE	X	WHILE AT WORK STREET, FACTORY, FARM, ETC.) STREET CITY OR	TOWN COUNTY	STATE
	R: THIS CERTIFIC TE, WRITING THI THI THI R: PAGE 3 SHOU E: STATE DEPARTA 2.1201 PRIOR TO	2	AT WORK - AT WORK		
	ATE, OR,	1	220. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inqui	iry, and in my apinia	n
	EXAMINER CERTIFICAT JID BE FO DIRECTOR WITH THE ARYLAND,		death resulted fram: Natural causes Accident Suicide . Hamicide . Undetermined	manner .	
	EX AM CERTII DILD B DIREC WITH		TITLE (SPECIFY)		
	L EXA E CER OULD IL DIRI H, WI		ACTUAL ACTUAL	DATE /	eb. 23 1981
	SHC		SIGNATURE M.D. MEDICAL EX	AMINER SIGNED	20.23 [[6]
	MEDICAL E CUTE THE C SE 4 SHOUN FUNERAL I ER DEATH,		EXAMINERS NAME TILL OF DATE DATE		
	FXECU FAGE TO FU AFTER BALTIM		(TYPE OR PRINT) John S. Rogers, DME ADDRESS Silver ST	pring, Maryl	and
110	A PETEL BALLTI	23a.B	BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 123d. LOCATION CITY OR TOWN	N COUNTY	STATE
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*	0	24. F		ille Montgom	ery Md
	DHMH - 17 (VR A15 ME (5))		Warner E. Pumphrey Inc.		
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				Tel Maria Company	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 1 DECEASED NAME 2ª DATE OF DEATH (TYPE OR PRINT) Esther Esposito 3 SEX 4 RACE 5 DATE OF BIRTH & AGE IN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 24 HRS Fe male December 31 MONTHS DAYS HOURS Caucasian 73 TO BIRTHPLACE STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED W NEVER MARRIED United State SpoweDI ashington, D.C. Montgomery DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR Washirmeon Madventist Hospita TYPE OF WORK FOR MOST OF WORKING LIFE) Food Takoma Park okkeeper USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136 STATE
131 COUNTY
136 CITY OR TOWN 13. STREET ADDRESS 4400 East West Highway 134 INSIDE CITY LIMITS? Bethesda YES XIX NO T Maryland Montgomer 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Troshinsky Bertha Ginsberg Bennett He WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT IYES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATES) 578-03-5804 Alfonso R. T. Esposito Same as No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). Chronis Obstarlas Rulmany Diss DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NO CERTIFICAT 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT YES [NO I 00 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL I IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an and that in (my) (our) opinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the body after death 226. SIGNATURE 22c DATE SIGNED DEMPLETTENBING TO FUNERAL (should be detach with the State D MEDICAL PHYSICIAN PHYSICIAN 224. PHYSICIANS NAME (TYPE OR PRINT) 220 ADDRESS Marvland Gary W. Langston, M.D. Takoma, Park, 7600 Carroll Ave. 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL. 236, DATE CITY OR TOWN Arlington, Virginia Arlington National 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Robert A. Pumphrey Funeral DHMH-16 25M Bethesda, Maryland Homes, P.A. (VRA 15, 4) 1/79

THE REPORT OF THE PROPERTY OF THE PARTY OF T esthar sposico 2-3-01 9:01 THE restricted maximation of the att ellington, c. lead of the anon. estinaton eventist hospital Disputation and the Cold B. Th Name Stranger M. Stake THE STATE OF THE S

	1-	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	5 3 0 9
		EASED NAME FIRST	MIDDLE	LAST		DAY YEAR 25 HOUR
page 3	line	Elsie	Winkler	Fey	2-24	1-1981 4 An
director, po	3. SEX	Female.	4. RACE White	S. DATE OF BIRTH MONTH DAY YEAR 18 1917	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
in 72 hou	70 BIF	OUNTRY) KITHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED NORCED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY Montgomery	
by the fu		these da	(IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Retire CPA	125. KIND OF BUSINESS OR
filled in a	USU A 13a, S	LERESIDENCE (IF NURSING HOME OF TATE 136 COUNTY)	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	13e. STREET ADDRESS 6727 Sulky	Lane
and 2 sh	14. FA	THER'S NAME FIRST Bernhard	MIDDLE Winkler	13 MOTHER'S MAIDEN NA. Hermine	WE	nalman
Pages 1			E WAR OR DATES)	RITY NO. 17 INFORMANT 224 Donald F.Fey(rch, Virginia ay Blvd., Falls
signed by the ottending phy hen please remove corbanpa to burial, cremotlon, or remov njury, or other troumatic even	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE (b) CUYC DUE TO, OR AS A CONSEQUE (c)	inoma of BI		14 y-los
te hos beer sit permit. giene prior shows any i	CERTIFICATION	Aug 1967	Curcinon	. 0/ ./ 0(0)	YES NO YES	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
certification in included in included in including in inc	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	P,M.	19	RED (ENTER NATURE OF INJURY IN ITEM 18 P)	ART 1 OR PART 2)
After this as the bu ith and M iorked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	0	CITY OR TOWN	COUNTY STATE
for use of Heal		sow the deceased alive an	tal) attended the deceased from 19 8	, and that in (my) (we) opinion	death occurred on the date and hour	ond from the causes stated
AL DIRE detoched ote Dept JT: If herr		22b. SIGNATURE	WEgan	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2.24. 81
TO FUNERAL Control of the State Control of the Stat		James /	W. Egan	22e. ADDRESS 54/3Ceda	v Lang Bethe	sda, NG-
5	(3	URIAL, CREMATION, REMOVAL SPECIFY) Cremation	23b. DATE 23t. 1	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN Washington, D.	COUNTY STATE
16 30M 2/80 tA 15, 4)		NERAL DIRECTOR Vm. Lee's Sons C	o.300-4th St., NE	25a. DAT		

respondent and the second seco THE STATE OF THE S HILLERY , LOTHIC 100 1 3 - 6 2 Docold V.Ya (con) 218-V. Head 154-E-Y Crement - 1.2.08. to the Comment - Language 1100 SCOOR OF BUILDING CO. FOR -4 on Bu., ME., 450 and U. 1991. ME.T.

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200		11	FOR STATE	DEPA	RTMENT OF HEALTH AND MENTAL HY	GIENE O I U	2010
			REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
			CEASED NAME FIRST	WIOOFE	LAST		OAY YEAR 26 HOUR
e . e		(177	E OR PRINT) Walt	ter G	Fields	Feb 21	6,1981 1230Am
0 1	1	3. SE		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
- 6	(BAR		Male	White	8 5 1902	70	MONTHS DAYS HOURS MIN,
3/10	An.	70 B	IRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNT	210	78 YRS.	OF DEATH
41179	9/	1	COUNTRY)		MARRIED A NEVER MARRIED	na /	
une une	6		shington, D.C.	U.S.A.	WIDOWED DIVORCED	Montgome	
e e	191	10.0	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE ST	RSING HOME OR OTHER INSTITUTION REET ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	W. KIND OF BUSINESS OR
by	8)5	1/	ockville	Shady Grow	610 1-1 11-	RetAttorney	Law
5 4	a a	USU 13a	AL RESIDENCE (IF NURSING HOME STATE 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BE JNTY 136. CITY OR T	OWN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
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	Je J		ATHER'S NAME		15. MOTHER'S MAIDEN NA	AME	
Lond 2 sh	1		FIRST	MIDDLE LAST	FIRST	WIDDLE	LAST
	6	1160	Robert WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL S		ADDRESS	Martin
POOP	medico			GIVE WAR OR DATES)	ECORTT NO. 17. INFORMANT	ADDITESS	
2	Ĕ		No	579-03	-6528 Wife - Marqu	uerite Fields	
	t, t		18 CAUSE OF DEATH (Enter	only one couse per line for (a), (b)	, ond (c1 _.)	10	BETWEEN ONSET AND DEATH
	o Ho		PART I. DEATH WAS CAUS	ATE CAUSE (a)	adiox antens	thema	5 hours
֡	or re	100	4140	DUE TO, OR AS A CONSE	OHENICE OF	1 . 1	,
ottendi ove con tion, o	on,		Conditions, if ony, which	DUE TO, OR AS A CONSE	raveed Cargostine	wait hileul	1 (year
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	oro			(c)	and the second	Or coare	
	lo bu	z	PART 2, OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART Ital
	ior t	CERTIFICATION	190 DATE OF OPERATION	IN CONDITION FOR WIL	ICH OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES	, WERE FINDINGS USED
	so my	5	THE DATE OF OPERATION	170 CONDITION FOR WIT	ICH OFERATION WAS FERFORMED	IN CERTIF	YING CAUSES OF DEATH?
	Shov	= =					s NO
	18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18, P	ART I OR PART 2)
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WP	2	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	21f LOCATION	CITY OR TOWN	COUNTY STATE
	rked	2	AT WORK NOT WHILE	,			
1910	e E			pital) attended the deceased fro	m 100 19 68	10 1-el-26.	19 8 1 that W (we) lost
	H S		sow the deceased alive of	Feb 25	4	death accurred on the date and hou	r and from the couses stated
,	to E		obove (we) (did) (did)	not) view the body ofter death.	DEGREE		22c. DATE SIGNED
5	T =		(mel	1. (i 1)	4	, MEDICAL STAFF	1 - 26 0/
֡	Z - Z	1	1	M. M. J. Co.		MEDICAL STAFF DIRECTOR PHYSICIAN	2-40-0
	RTA		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	1 4 010	At 1. 111 2 14
1100	with the Stote [JOSEPH	+ A. KOME	0 M.D. 10401 010	Georgetown Rd. 15	Chesan, Ma. 1001
4 2	3 ≥	23a.	BURIAL, CREMATION, REMOVA	AL 236. DATE 2	3c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
	5,046	11	(SPECIFY) Removal	2-27-81 G	eorgetown Medical Se	ch. Washington.	COUNTY STATE
10.	2/90	24 F	UNERAL DIRECTOR			TE REC'D. BY REGISTRAR 256. REGIST	
5, 4	4 2/80 ()	1	NAME			K D 1981	my Malberry
		Me	tropolitan Fun	'1 Serv Alexand	11a, va. 22310 1	1001	

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Washington, T.C. U.S.A.

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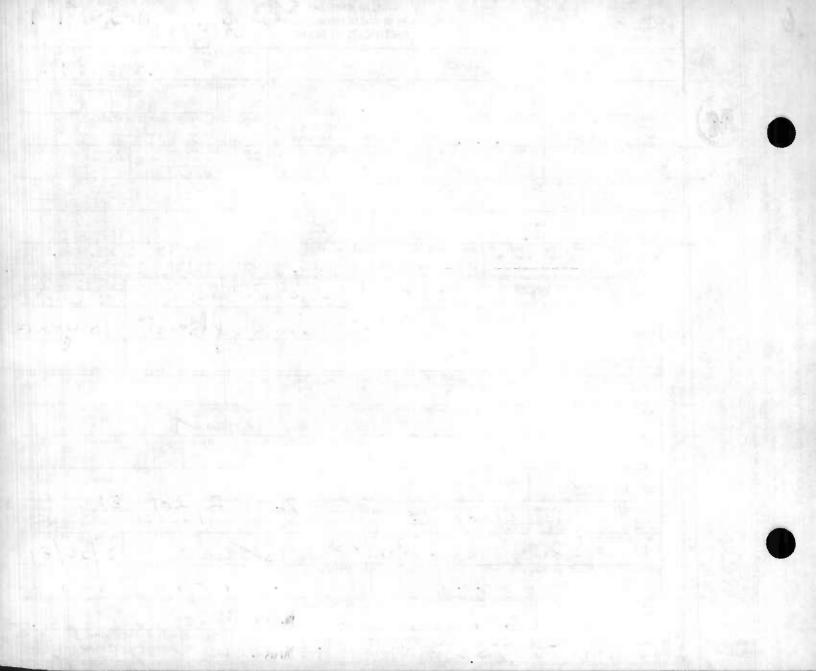
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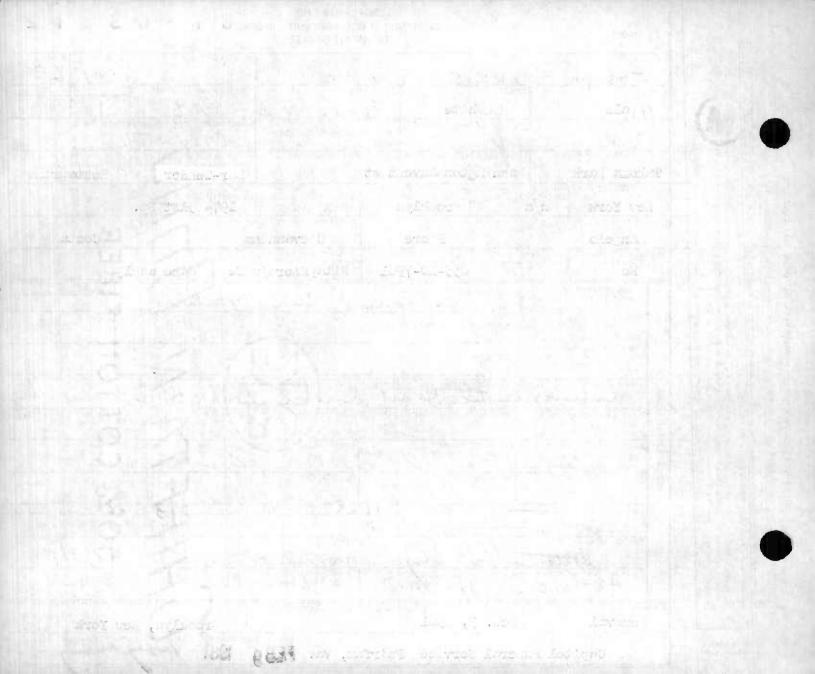
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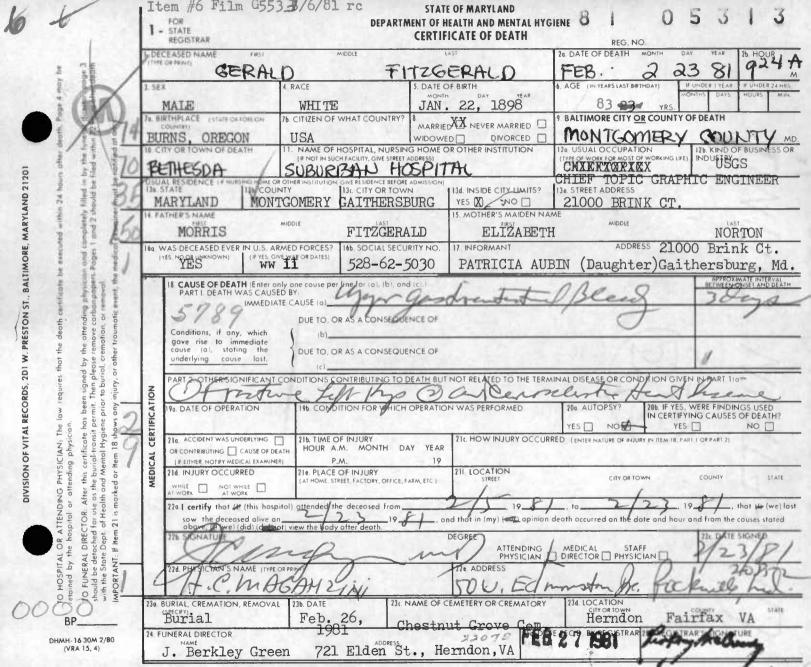
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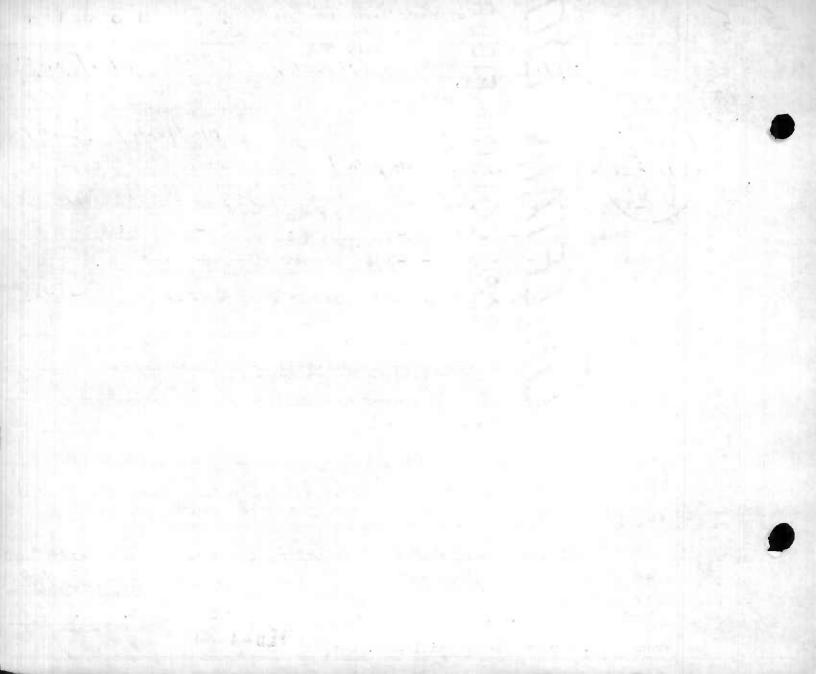
		1	FOR STATE			DEPARTMENT O	HEALTH AND MENTAL H	YGIENE 8	1 0	5 3	12
			REGISTRAR			CERT	IFICATE OF DEATH		REG. NO.		
			CEASED NAME	FIRST	MIDDLE		LAST	2a. DATE C	F DEATH MONTH	DAY YEAR	2b. HOUR
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0.0		3. SE		DOC.	4 RACE		E OF BIRTH	6. AGE (IN	YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24
GA	1		Male		White		7-12-13	2	68 YRS	MONTHS DAYS	HOURS A
(BAIL)	in	70 B	IRTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8	NEVER MARRIED	9. BALTIM	ORE CITY OR COUN	TY OF DEATH	
~	67	13	N.Y.		14.5		WED DIVORCED [MONT		
2 4	9	10. C	ITY OR TOWN OF DEA	TH	NAME OF HOSPITAL	L, NURSING HOM	OR OTHER INSTITUTION		OCCUPATION	126 KIND O	F BUSINESS
ball bed	1700	T	akoma Park	/	Washington	Adventis	t		ender		aurant
5 9	200	USU 13a.	AL RESIDENCE (IF NURS)	Ma cou	THE INSTITUTION, GIVE RESIDE	OR TOWN	N) 134 INSIDE CITY LIMITS	13e. STREET	ADDRESS		
fille	167		New York			oklyn	YES X NO	197	4 51st St.		
100	100	14. F.	ATHER'S NAME		WIDDLE	LAST	15. MOTHER'S MAIDEN	NAME			
100	104		Angelo			iore	Giovann	ina	WIDDLE	Cos	ta
9-	0	16a '	WAS DECEASED EVER			IAL SECURITY NO	. 17 INFORMANT	1235	ADDRESS	11774	
900	13		YES, NO OR UNKNOWN)	(IF YES, GI	VE WAR OR DATES)	10-7981	RitaFiore	/wife	Same as	13	
000	è			A (C - A	nly ane cause per line (0)		1 1010	7	201110		MATE INTERVA
14 do 0	1		PART I. DEATH W.	AS CAUSI	ED BY:	DI, (DI, dila (C.)	20-	+ 7	10,00	BEIWEENS	ONSET AND DE
0.00	i.			IMMEDIA	TE CAUSE (a)	rugesi	me /	7 /4	und.		
0 0	-		4140		DUE TO, OR AS A CO	ONSEQUENCE OF					
ion,	rouma		Conditions, if ony,	which	(b)						
			gave rise to imm	ediote				-4200			
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ed b	0 10				(c)						
6 2 0	υη,	z	PART 2. OTHER SIGN	IFICANT	CONDITIONS CONTRIBUT	ING TO DEATH B	UT NOT RELATED TO THE TE	16-	in the	EIVEN IN PART 110	mail
en si The	Ē	CERTIFICATION	Just	3	unia ,	- Francis	Disease	Maj		givens	Part
	5	O	190 DATE OF OPERAT	ION	196 CONDITION FO	R WHICH OPERAT	ION WAS PERFORMED	20o. AU1	OPSY? 20b. IF Y	YES, WERE FINDIN TIFYING CAUSES	GS USED OF DEATH?
hos t per	Show of	E		S 636				YES 🗌		YES 🗌	NO 🗌
	SG	Ü	210. ACCIDENT WAS UND	ERLYING [216. TIME OF INJURY		21c. HOW INJURY OCC	URRED (ENTER)	TATURE OF INJURY IN ITEM 1	8 PART 1 OR PART 2)	
ph rtifi tol	E	¥	OR CONTRIBUTING C		~111	NTH DAY YEA					
S ce Surice Men	٥٠ ١	8	21d. INJURY OCCURR		P.M. 21e. PLACE OF INJUR) ·	211 LOCATION				
C -E T	-	MEDICAL	WHILE NOT WHI		(AT HOME, STREET, FACTOR		STREET		CITY OR TOWN	COUNTY	STAT
fter os t	полкед	_	AT WORK AT WOR	K U			1000		1	01	
	Ĕ		22a certify that (1)	(this hosp	trai) attended the decease	ed from	28 19 8	, to	2/2	, 19.	that (I) (me
or or	-		sow the decease	d alive or	2/2	19 8	and that in (my) (our) opini	on death accuri	ed an the date and h	our and from the	causes state
RECTOI ned for opt. of b	E		22b. SIGNATURE	id) (did-no	of the body after dea	ith.	DEGREE			Tite DAJE	SICALED
0 0 40	±		ZZB. SIGNAYUME	,	- 4	1.	ATTENDING	MEDICAL	STAFF	1272	1/0
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FUNERAL	X I		22d. PHYSICIAN'S NA	MF (TYPE)	OR PRIMI	1/0	77+ ADDHESS/, -	- 120	10	CCL	1
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TO FUNERAL I	MPORTANI		L							21	70
,		23a.	BURIAL, CREMATION,	REMOVA			CEMETERY OR CREMATOR	23d. LOC	ATION	COUNTY	STAT
3P			Removal		Feb. 3, 19	981			Brooklyn,	New York	
		24 F	UNERAL DIRECTOR				25a. E		REGISTRAR 25b. REG		
f-16 30M 2/80 VRA 15, 4)				Ol E	uneral Servi	ADDRESS Rain	fax. Va.	4.4.		y/Hallo	
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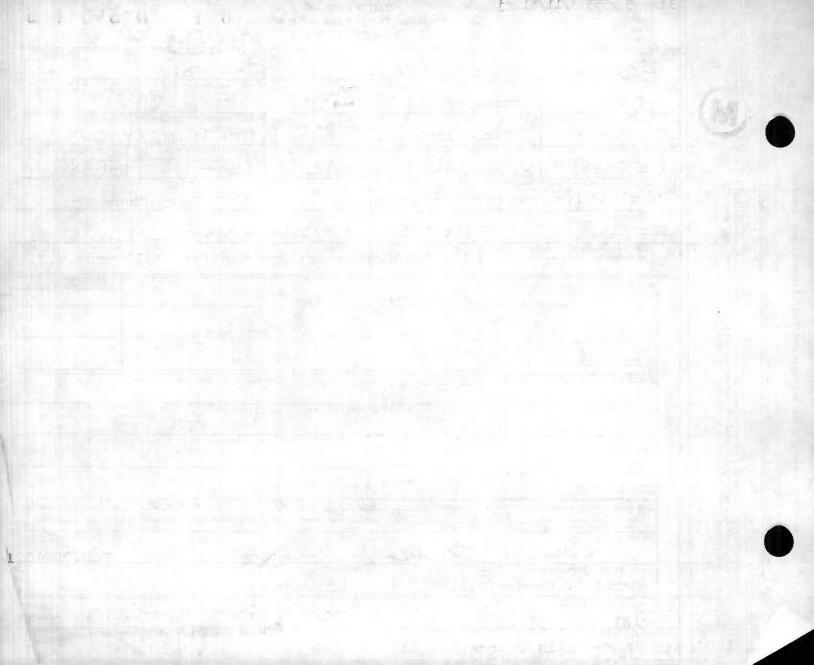




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		FOR		DEPARTM	ENT OF H	EALTH AND MENTAL HYG	HENE 8	0	5 3	1 5
	1	STATE REGISTRAR			CERTIF	CATE OF DEATH	REG. NO			
		CEASED NAME FIRST		IDDLE		ST	2R. DATE OF DEATH			h. HOUR
5.3	Titre	ALEXANDER	FUE	EISCHF	FAR	3	2-25-81			1.401
9.0	3. SE	1	4 RACE		5 DATE O	F BIRTH	& AGE (IN YEARS LAST RIRTH			FUNDER 24 H
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The state of the s	7r. 81	RTHPLACE (STATE OR FOREIGN		VHAT COUNTRY?	8 MARRIED	□ NEVER MARRIE NE	BALTIMORE CITY OF	_		-117
, ac a		ew Jersey		ed State	MIDOWE.	DIVORCED		MER		
by the fed with	10 6	SETHESDA	IF NOT IN SUCH	PACILITY GIVE STREET A		PITAL	12R USUAL OCCUPATION OF Lawyer		126 KIND OF INDUSTRY Privat	
illed in lid be fill	USU. 13e S M	AL RESIDENCE IN NURSING HOME OF ATTAIL ATTENDED IN A COUNTY ATTAIL MON		GIVE RESIDENCE BEFORE	4	134. INSIDE CITY LIMITS?	13r. STREET ADDRESS 4547 Che	vv Ch		
shou	14. FA	THER'S NAME		-		15. MOTHER'S MAIDEN NA	ME			•
90	G	ershin	F1	eish far	b	Tillie	Tannenbau	m	LAST	
d comples 1 and medical	léa V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	136033.	RITY NO.	17 INFORMANT	ADDRE	58L 10 I	Millbu.	
Pages t, the n	N	6 NO OR UNKNOWN) THE A	WAR OR DATES)	136033.	198	Sister:Ros	e Teplitz	M11.	lburne	,N.J.
physicia papers. emoval. tic even		IN CAUSE OF DEATH (Enter or	nly one couse per l	line for (a), (b), and	icui				BETWEEN ON	TE INTERVAL
ed by the at lease remove rial, cremati ury, or other		cause (0), stoting the underlying cause lost	(c)	AS A CONSEQUE						
een signed I Then pleass or to burial any injury,	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CO</u>	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVE	N IN PART I (01	
s been vit. The prior ws an	CERTIFICATION	19a DATE OF OPERATION	1% CONDIT	TION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDING	S USED
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ng physician. this certificate ha urial-transit perm Mental Hygiene d or Item 18 sho	A M	218. ACCIDENT WAS UNDERLYING	440440 4 4		Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PAI	RT 1 OR PART 2)	
ohys s cer al-tra antal r Ite	MEDICAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.A		19					
M W W D A	0	21d. INJURY OCCURRED WHILE NOT WHILE	21R PLACE C	OF INJURY SET, FACTORY, OFFICE, FA	RM, ETC }	211 LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
ter this se buris and Me	1								0.7	
After a After the buth and the and market	W	AT WORK — AT WORK —			7	110 . 21	21	2 4		
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i hospital or attendir DIRECTOR: After shed for use as the bi Dept. of Health and If Item 21 is marker	23e E	22a I certify that (II (this hospit sow the deceased alive an above, (I) (weel-defined (did no 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE O	ender, M	Pands 1.D.	8/ . an	d that in (my) (cor) opinion DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN 🗌	22c. DATE SI	uses stated



FOR

REGISTRAR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

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DHMH-16 30M 2/80 (VRA 15, 4)

FOR - STATE REGISTRAR DECEASED NAME

DEPARTM	STATE OF MARYLAND RENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8	REG. NO	0	5	3	1	7
E .	FLYNN	2ª DATE	OF DEATH	- 8	DAY	YEAR	3 HOL	PM
	5. DATE OF BIRTH	6. AGE (1	N YEARS LAST BIRT	HDAY)	IF UNDE	RIYFAR	IF UNDER	24 HR5
	FEB 4. 1906	75	XXXX	YRS.	MONTHS	DAYS	HOURS	MIN.
HAT COUNTRY?	8	9 BALTIN	AORE CITY O	R COUNT	Y OF DE	ATH		
• 1847 38	MARRIED X NEVER MARRIED WIDOWED DIVORCED	n	TONT	Go	m	ER	y	MD.
DSPITAL, NURSIN FACILITY, GIVE STREET		(TYPE OF W	OCCUPATION FOR MOST OF	WORKING L		KIND O USTRY	FBUSINE	SSOR
V CRO	SS HOSPETAL	HO	USEWIF	E				
RESIDENCE BEFORE	ADMISSION)	1						

(TYPE OR PRINT) SRACE WHITE FEMALE 02 BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF W NEWTYORK U.S.A 11. NAME OF HO CITY OR TOWN OF DEATH USUAL RESIDENCE (IF NURSING HOLD OR OTHER INSTITUTION 407 UNIV. BLVD., EAST MONTGOMERY SILVER SPRING MARYLAND 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE EMMA BRINKWORTH ANDERSON ROBERT B. ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) FIF YES, GIVE WAR OR DATES! SAME AS 13 HUSBAND ROBERT H. FLYNN 056-10-6402 NO 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING 716 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 22a | certify that (1) (this hospital) attended the deceased fro lour) opinion death occurred on the date and hour and from the causes stated view the body ofter death 22b. SIGNATUR DEGREE 22c. DAJE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYS AND NAME (TYPE OR PRINT) 22e ADD RESS

23c, NAME OF CEMETERY OF CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE GATE OF HEAVEN BURTAL

23d. LOCATION SILVER SPRING

MONT

STMD.

FRANCIS J. COLLINS 500 UNIV BLVD. W. SILVER SPRING MD. 20901

ELLVIEW BUNKET & SARKE VREIDER W. ROSED ALTH MARKETS AND TR dollar maria Per managera 12 1/5 1/6 4/0 /2 2/10 597115 July 2007 - 123 200 TO STATE BEST SESTER SET OF STEEL CAT FEB 17 1981 (***

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6	15		1	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE 🍎 🕴	05319
			' '	REGISTRAR		CERTIFICATE OF DEATH	REG. N	
		- 14	1 DE	CEASED NAME FIRST	MIODLE	LAST		MONTH DAY YEAR 26. HOUR
	oy be oge 3 deoth		(TYPE	ORPRINT) KEEFE	K W	FORD	Se	6 3 81 63 AM
	mo pd	-121	3 SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIR	
	oge 4	1		m	W	6 27 94	86	YRS.
	eo th. P.	35	Ja Bi C	RTHPLACE STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY? $ C S A $	MARRIED NEVER MARRIED WIDOWED DIVORCED	19. BALTIMORE CITY O	OR COUNTY OF DEATH 90 20 8 Y Y MD.
-	rs ofter o by the fu filed with	S Lifted	10 CI	Ver Spring	11. NAME OF HOSPITAL, NURSIN		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF ACCUS OF F	DE WORKING LIFE) INDUSTRY
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	24 fillec	son F	13a S	md 136 COUN	13c. CITY OR TOW		13e. STREET ADDRESS	stelle Rd.
3×17	ithin stely 2 sh	nine	14. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME	
MA	omple omple	50		JOHN	T FORT.		ES E	KUBIT2
ORE	ond c	medico		VAS DECEASED EVER IN U.S. AR. ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU		Dall ADDR	14 NIKERSHAW ST
N N	o pe e			YES WH	UI 317-44	-0163 MASMARYE.	DEILINGER	YORK PA.17402
BAL	ysicio oper vol.	t, the		18 CAUSE OF DEATH (Enter on	nly one couse per line for (0), (b), ar	d (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,	rttfice g phy onpo emov	even		PART I. DEATH WAS CAUSE IMMEDIAT	TE CAUSE (o) CO Y & /	o-pulmomary	aliest	
Z	h ce nding or r	otic		1519	DUE TO, OR AS A CONSEOU	ENCE OF		
EST	deot otter ove tion,	000		Conditions, if ony, which	((b) Carc/2	noona tos15 -		
. P.R.	the rem	ler tr	- (1)	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF	/	
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5, 20	gne gne buri	ury, o	7	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 1(a)
ORD	requirensi	Ē	CERTIFICATION				The state of	
EC	low s be ermit	Son	ICA	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
AL A	The sion.	od.	RTIF	1-31-81	09578000	on stomach	YES NO	YES NO
<u> </u>	HYSICIAN: The ding physicio physicio is certificate buriol-tronsit Mentol Hygie	tem 18 sho		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)
Ö	SICIA ng p certif uriol-t	tem	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	3111	19		
ō.	PHYSICIAN: ending phys this certifico te buriol-froi ad Mentol Hy	ò	MEDICAL	216 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211. LOCATION STREET	CITY OR TO	WN COUNTY STATE
ž.	of the state	rke	~	WHILE NOT WHILE AT WORK				
-	ADIN Lor Use o leoith	s mo	100		tell ottended the deceosed from.	1-28 19 5	/	3 , 19 5 , that (1) (we) lost
	ATTER Ospito ECTOR id for	21	100	sow the deceased olive on above, (1) (we) (did) (did no	t) view the body ofter death	ond that in (my) (out) opinion	deoth occurred on the d	ate and hour and from the couses stated
	कर कर्	Hem		226. SIGNATURE	0 11	DEGREE		22c. DATE SIGNED
	- + - + o	<u> </u>		yer so	Becke	ATTENDING PHYSICIAN	MEDICAL STA	
	HOSPITAL ned by th FUNERAL old be det	Z Z		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	22e. ADDRESS > / O/	medical	Pork Dr
	0 0 0 =	MPORTANI		IRA N 13.	RECHER M	D 9,1000	Spring	md 20902
2,	Short Short	≥	23a E	SURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OF CREMATORY	236 LOCATION CITY OF TOWN	EQUATY STAKE
07	BP			BURIA!	2/4/8/ 5	T.MARYS (EMETE	BY YORK	- YORK PA.
	DHMH - 16 50M 7/7 (VR A 15 (4))	7	200	ERALDIRECTOR	ADDRESS ADDRESS	YORK PA 25 TE	B"I Y"1981"	THE REGISTRATURE

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Items #7a &7b Film G552 2/26/81 rc STATE OF MARYLAND

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Item 6 g553 3/10/81 g5

Markey No. 22010 - 102 - 102 - 1220

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			REGISTRAR	E FIRST	IV	NEDICAL EXAM	INEK 2	LAST		REG. NO.			
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			ale	White	Jul. 23	AY YEAR LAST BE	THDAY) MON		MIN. PRONO	ATE / DUNCED EAD	2/11	19 81	25 108 P. M
	MAY HE CA	70. BI	RTHPLACE (ST	TATE OR	76. CITIZEN OF	WHAT COUNTRY?	8. MARE	IED X NEVER MA	RRIED 9. BAL	TIMORE CITY OR	COUNTY OF	DEATH	
	DANS NO		Texas	3	US	A			man .	Montgomer	v Coun	tv	MD.
	AGE S W. Shirt	11000	nsingt	O TATH	(IF NOT IN SUC	OSPITAL, NURSING HE H FACILITY, GIVE STREET ADDRI	551		12a USUAL OC	CUPATION (TYPE OF WORKING LIFE)	F WORK 12b. F	OR INDUST	SINESS
	20 N N N N N N N N N N N N N N N N N N N		L RESIDENCE	TIF IN NURSING HOME		niversity I		ard West	Ret	red		Navy	7
	S. 21201 B. F. ANY DEAY S. N. AND 310 THE FU. S. RETAIN PACE S. SHOULD BE FILED. I. RECORDS, 201 W.	13a S		13b. COUN		, GIVE HISIDENCE BEFORE ADA IKEN SALBY XXXXXXX		13d. INSIDE CITY LIMITS		DRESS D iversi ty	Boule	evard	West
	Pt. 100 (10) (10) and	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MA	IDEN NAME	MIDDLE	11/8/93	LAST	
535	DEATH DEATH M PM AND 2 AND 2		Henr		R.	Fran		Fr	ieda		Ko	enig	
	JRS AFFE DEA WITH FORM T T. PAGES A DIVISION OF		AS DECEASEI		WAR OR DATES)	16b. SOCIAL SECU		17. INFORMANT	(wife)	ADDRESS			
	BALTIN S AFTE GIVE P ITH FOI PAGES IVISION	ve:			-1945	525-52-		Mabel B	. Frank-	(same		3e)	
	, <u>a</u> , , > , 0		18 CAUSE O PART I DE			line far (a), (b), and (c).					8.6	APPROXIMATE	INTERVAL
	ON ST., 24 HOUF ITEM 1B. ONG W PERMIT. SIENE, D	170	1/1	IMMEDIA	TE CAUSE (a)_A	cute myocar		disease					
	IN 2 ALL SIT IN		4-0 /	ns, if any, which		OR AS A CONSEQUEN			3.2. 7			37	
	WITH NCIL INNE INNE ITAL	-	gave ris	se to immediate	(b) 1	ypertension		enronic m	ocardial	alsease.		Year	S
	ZOI W IN PE EXAN RIAL-1 ID MEN ON, O		lying cau		(c)_	OR AS A CONSEQUEN	CE OF						
	PROS DING" DICAL A BUI TH AN	2	PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE	TERMINAL DISEA	SE OR CONDITION GIVEN IN	PART 1 (a).				
	MEIO ASE	1 8	19a, DATE OF	OPERATION	TIRK CON	None	PERATION	VAS PEREORANED?			120	AUTOPSY'	
	FAL FOUL SET SIAL	CERTIFICATION			170. COI	ADMONTOR WHICH C	PERATION	ASTERIORNED:			20		
	N S S S S S S S S S S S S S S S S S S S	1	Non	AL CAUSE WAS	216 TIME	OF INJURY	I 21c. F	OW INJURY OCCUI	RED LENTER NATURE C	F INTURY IN ITEM 18 PAR	T I OR PART 2)	YES 🗌	NO X
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., SCRIFICATE SHOULD BE EXECUTED WITHIN 24 HOUI STRING THE WORD "PRUDING" IN PENCIL IN ITEM 18, ROED TO THE CHIEF MEDICAL EXAMINER ALONG WE 3 SHOULD BE USED AS A BURAL. TRANSIT PERMIT E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIPRIOR TO BURAL, CREMATION, OR REMOVAL.	CALCI	UNDERLYING CONTRIBUTI	OR NG CAUSE OF	DEATH HOUR	A.M. MONTH DAY Y	'E AR		None	, and a second second	TON TANTS		
	DIVISION WRITING WARDED AGE 3 SIZOT PR	MEDICAL	21d INJURY C WHILE AT WORK	OCCURRED NOT WHILE AT WORK		CE OF INJURY (AT HOM FACTORY, FARM, ETC.)		OCATION STREET	CITY O	RTOWN	COUNTY	<i>i</i> .55,	STATE
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU EXECUTED HELLOWER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU EXECUTED HE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, I BAITHONE MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		220 1 certi death result ACTUAL SIGNATURE	·	ge of the remains	described above, held of Accident ,	Suicide	Hamicide TITLE (SPECIFY)		manner .	DATE SIGNED	2/12/	81
	MEDIC SCUTE GE. 4 S FUNE TER DE	-	EXAMPLER'S (TYPE OR PRI	NAME JO	hn S. Ro	gers, M.D.		ADDRESS Sil	9 Seminar ver Sprin	g. Montgo	mery,	Md.	
2	524548_	23a. B	JRIAL, CREMA	TION, REMOVAL	23b. DATE	23c. NAME OF	CEMETERY	OR CREMATORY	23d. LOCATIO	N	COUNTY	51	ATE
)	BP		Buri	al	2-17-81	East V	Tiew (Cemetery	Verno	n Wilk	parge	r Te	exas
	DHMH - 17	24. F	Warne	TOP	umphrey		200	ISE UA	TE REC'D. BY REGIS	TRAR 256. REGIST	RAR'S SIGNA	ATURE	
	(VR A15 ME (5)) 15M 2/80	343		Ave.	S.S. Ma	Janes &	, , , , , ,	lesa	FD 79		/		

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH DAY YEAR 2b HOUR (TYPE OR PRINT) James Freer 4 RACE 5. DATE OF BIRTH 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEAR male white 1916 TO BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED US WIDOWED DIVORCED | Montgomery County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR MOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Banking VP Nat 1 Bank Bethesda Suburban Hospita USUAL RESIDENCE (IF NURSING HOAD OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADA OUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13, SIREET ADDRESS 4603 Marivale Rd. Chevy Chase Md. Montgomery 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Edna Beach Harry Freer L. BALTIMORE, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578-01-1352 Doris M. Freer-Same as Item # 13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY: APPROXIMATE INTERVAL mischer IMMEDIATE CAUSE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION NA DATESOF OPERATION 20e AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, THEFT WHILE 27e.1 certify that (I) (this baspit the decreased above or and that in (my) (our) opinion death occurred on the date and hour and from the causes stated re. (l) (we) (did) (did not 2.22, X/ DEGREE ATTENDING MEDICAL STAFF Should be deto PHYSICIAN / DIRECTOR PHYSICIAN MPORTANT 27d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 4900 Mass. Ave. N.W. Wash., D.C. Jerry A. Snow, M.D. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE Burial Brentwood, Md. STATE 2/25/81 Ft. Lincoln Cem. BP. 24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. DHMH-16 30M 2/80 NATION Wisc. Ave. N.W. Wash. D.C. (VRA 15, 4)

WAS AND AND AND AND . Di pirrie ' Yila FEB 3. 1931 Reported

Rethesda Maryland 20014

- STATE

HOMES

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Life which will be seen a series

INDUSTRY Home 11820 Seven Locks Road Yano Sachiko Asano-Daughter Same as item # 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH FAILURE, HEPATIC FAILURE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN MACARTHUE BLVD. N.W. WASH Suitland, Md. COUNTY 24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE NAME 5130 Wisc. Ave. N.W. Wash., D.C.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

YEAR

IF UNDER I YEAR

26 HOUR

12b. KIND OF BUSINESS OR

IF UNDER 24 HRS

DHMH-16 30M 2/80 (VRA 15, 4)

FOR

- STATE

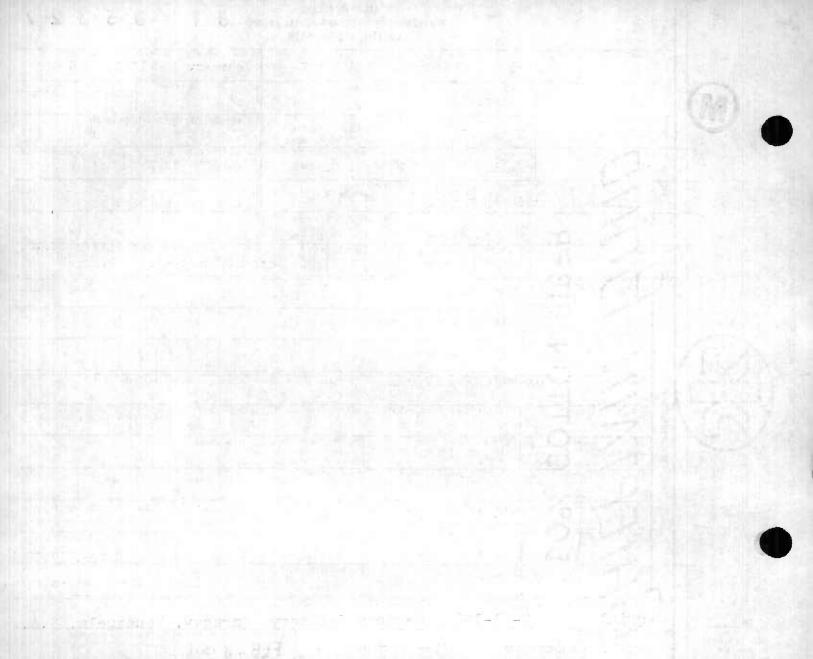
REGISTRAR

OLD TO 11 4 DARK TERROR OF THE LOCKET Accommodal moves wiffi Hontmany former i - - - i The state of the state of the state of the state of . Of Case Will Commons, Indiana, No. ACH , MAD M' SEAWAR MORROW.

1		1.	FOR STATE REGISTRAR		DEP/	ARTMENT OF H	E OF MARYLAND EALTH AND MENT ICATE OF DEAT			O. NO.	5 3	2 6
H			CEASED NAME	FIRST	WIDDLE	L	A5T	2a.	DATE OF DEATH		DAY YEAR	2h HOUR
6 98			Cather	ine -	neres		Furey			2-	11-81	2:45A
M		3.55	remale	4. RACE	istes	5. DATE C	DAY Y	6. A	GE (IN YEARS LAS	87 YRS.		IF UNDER 24 HRS
P 45 1	17	7a. B	RTHPLACE (STATE OR FO	OREIGN 76. CITIZEN	OF WHAT COUNT	RY? 8	D NEVER MARRI	10.0	ALTIMORE CIT		OF DEATH	
7.11	11	WA	SHINGTON.	D. C. U.	-1-11	WIDOWE	D DIVORC	ED 🗌	MONTO	COMERY		MD.
25 3	01	10. C	TY OR TOWN OF DEA		OF HOSPITAL, NU		OR OTHER INSTITUTION		USUAL OCCUP	ATION		BUSINESS OR
	11		TAKOMA PARK				ST HOSPITA		STATIST		G.A.	0.
0 10	00	13a. S	AL RESIDENCE (IF NURSI STATE	NG HOMEOR OTHER INSTITUT	13t CITY OR		13d INSIDE CITY LIA	MITS? 13e.	STREET ADDRES	SS		
hou	77		MARYLAND	PRI. GEORG	ES HYAT	TSVILLE	YES X NO		1911 E	RIE STR	REET	
	111	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIL	DEN NAME	WIDDLE		LAST	100
	67		JAMES	Н.		REY		ELLEN			KERMAN	
4	5		VAS DECEASED EVER I	N U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE		ECURITY NO.	17 INFORMANT	SISTI	ER ADI	DRESS 1138	3 COLUM	BIA PIKE
	4		NO		578+1	8-8896	HELEN A	A. WALS	SHE	SILV	ER SPRI	NG.MD.
lesse remove corbang of, cremation, or removed or other transmitted			Conditions, if ony, gave rise to imm cause 101, storing underlying couse	MMEDIATE CAUSE (a) DUE TO which (b) ediate (b) the DUE TO		umph	the care	urmi	tons he	nengite	7.	
Than pl		NOI	Restrict	FICANT CONDITIONS	desers	TO DEATH BUT	NOT RELATED TO THE	HE TERMINAL	DISEASE OR CO	ONDITION GIVE	N IN PART I (a	
100	-		190. DATE OF OPERAT	19h CO	NDITION FOR WH	IICH OPERATIO	N WAS PERFORMED	2	Oa. AUTOPSY?		WERE FINDING	
1	1	CERTIFICAT		01-12				Y	ES NO		YING CAUSES C	NO [
#	9	1000	210. ACCIDENT WAS UNDI OR CONTRIBUTING C	AUSE OF DEATH HOUR	E OF INJURY A.M. MONTH	DAY YEAR	21c. HOW INJURY	OCCURRED	ENTER NATURE OF	NJURY IN ITEM 18 PA	ART (OR PART 2)	
1		MEDICAL	21d. INJURY OCCURR	ED 21e PLA	CE OF INJURY		211. LOCATION					
1		×	NOT WHI	IE [] (AT HOM!	E, STREET, FACTORY, OF	ICE, FARM, ETC)	STREET		CITY OF	TOWN	COUNTY	STATE
*****			22a I certify that (I) (this heapital) attended	d the deceased fro	om JA	19.	72	10 11 7	freezen	9.87 th	ot (I) (we) lest
21.14	200		sow the decease	d olive on 10 F	cornery	* COL 1	d that in (my) (our)	opinion death	occurred on the	date and hour		
1			2 SIGNATURE	dr(did nat) view the bi	ady after death.		DEGREE				22c. DATE S	IGNED
-			Marry	ll (a	unne	196	ATTENI PHYSIC	DING MI	EDICAL S RECTOR PHY	TAFF SICIAN [11 FEI	3.,1981
TAN	T		221 PHYSICIAN'S NA	ME (TYPE OR PRINT)		- // 110	22e ADDRESS			1	<	2
TROGWI	1	22 -	MORRILL	C. QUIN	INAM V	C. VIJ			AMPSHIRE	XIVE.	PANER	- PRING
		(URIAL, CREMATION, F	2/13/	81	MT. OL	EMETERY OR CREMA IVET	ATORY 2	3d. LOCATION WASHIN	IGTON, I) country.	STATE
A 2/80			INERAL DIRECTOR	FRANCIS J.					D. BY REGISTR	AR 25 ISTE	RAR'S SIGNATU	RE
9			500 UNIV. BI	VD. W. SIL	VER SPRI	NG, MD.	20901	FEB1	3 1981	project	7/100	actly

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	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 1 C	5 3 2
		EASED NAME FIRST AN	ibal Eduar	do GALINDEZ	February 16	981 26 HOUR 1010A
X	SEX	Male	4. RACE Caucasian	5. DATE OF BIRTH Oct. 18 1937	6. AGE (IN YEARS LAST BIRTHDAY) 43	IF UNDER 1 YEAR IF UNDER 24
	1 -	THPLACE (STATE OR FOREIGN	76. OTIZEN OF WHAT COUNTRY!	8. MARRIEDXX NEVER MARRIED WIDOWED DIVORCED	A BALTHAORE CITY OR COUNTY	Y OF DEATH
2/1	_	y or town of death thesda		NG HOME OR OTHER INSTITUTION TABLESSALICAL Center	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I Army Officer	12b. KIND OF BUSINES: INDUSTRY Diplomat
The pe			or other institution give residence before JUNTY 131. CITY OR TOVE Potomac	RE ADMISSION) VN 13d. INSIDE CITY LIMITS? YES 🔀 NO 🗌	13e STREET ADDRESS 11800 Seven Lo	cks Road
20 Promine	4 FA	THER'S NAME FIRST Jose	Galindez	DLE LAST 15. MOTHER'S MAIDEN NO		Çastillo
medical		AS DECEASED EVER IN U.S. A ES NOOR UNKNOWN) (18 YES, C	RMED FORCES? 16b. SOCIAL SEC GIVE WAR OR DATES) None		ezama, Venesuelan	shington, D. Embassy/
ws any injury, or ather	CERTIFICATION	couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION		DEATH BUT NOT RELATED TO THE TER	206 AUTOPSY? 20b. IF YE IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH
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f. If Item 21 is mort		220.1 certify that (this has	pital) retiended the deceased from 1980 1980 1980 1980 1980 1980 1980 1980	DEGREE ATTENDING	n death occurred on the date and ha	our and from the causes state 22c. DATE SIGNED Feb. 17, 1
IMPORTANT			. FINTON, M.D.	national N	Naval Medical Cen	
_ (F	urial, cremation, remova Surial		NAME OF CEMETERY OR CREMATORY aracay Cemetery		county sta
/80	4 FL	W. Chamber	rs Co Silver	Spring, Md.	EB 2 3 1981	and the second s



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH LAST . DECEASED NAME 26 HOUR William Allen (TYPE OR PRINT) Garnett Feb.7th. 1981 3:10P 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 24 1920 Male White 60 May TO BIRTHPLACE I STATE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED TO NEVER MARRIED Virginia USA Montgomery DIVORCED WIDOWED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Holy Cross Hospital TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Bilver Spring Elect. Engineer Gen. Elevato W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
136. COUNTY
136. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Montgomery 10106-Brock Drive Sil.Spg. YES X NO 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Edmond MIDDLE MIDDLE Williams Grady Garnett 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDIO106-Brock Drive 166 SOCIAL SECURITY NO. YES NO OR UNKNOWN) -18-5841 Elizabeth D. Garnett (Wife) Sil. Spg. Md APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE O underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 201 IF YES, WERE FINDINGS USED 190 DATE OF OPERAT 20a AUTOPSY à CERTIFYING CAUSES OF DEATH? NO NO F Hygi 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 214 INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22a | certify that (1) (this haspital) attended the deceased from sow the deceased alive on The 181. and that in (my) (our) apinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death 226 SIGNALLIRE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL
PHYSICIAN DIRECTOR PHYSICIAN [21 DHYSICIAN MPORTANT: 17d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS should be 23C NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL CREMATION, REMOVAL 23b. DATE 2076 STATE 76 Cremation COUNTY Feb 8.1981 Lee's Crematory Washington D.C. 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 11800-N DHMH-16 30M 2/80 Hines/Rinaldi F.H.Inc. (VRA 15, 4) Sil Spg Md

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24 FUNERAL DIRECTOR Joseph Gawler's Sons Inc

5130 Wisc. Ave., N.W. Wash., D.C.

DHMH-16 25M

(VRA 15, 4) 1/79

FOR

REGISTRAR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26. HOUR

HOURS

Home

NO [

250. DATE REC'D. BY REGISTRAR 256. REGISTBAR'S SIGNATURE

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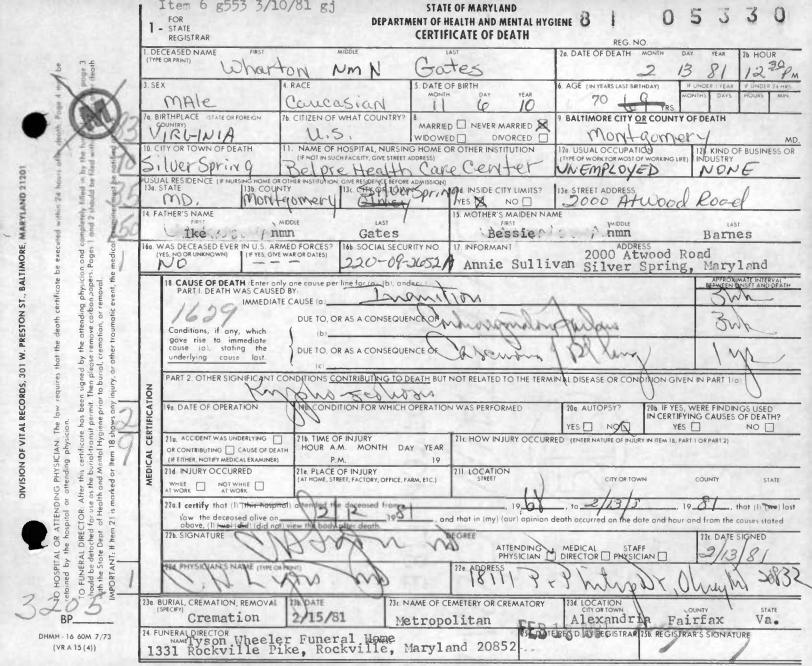
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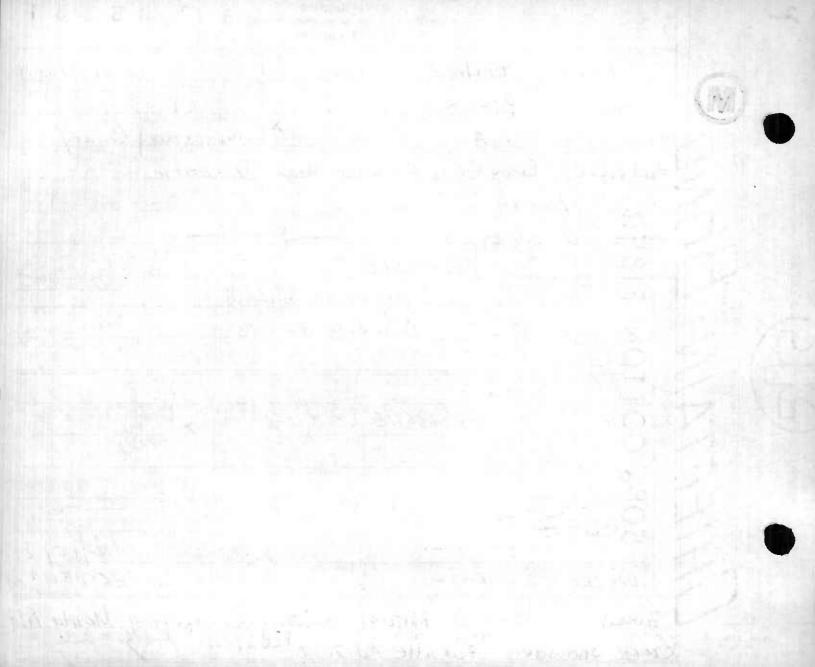
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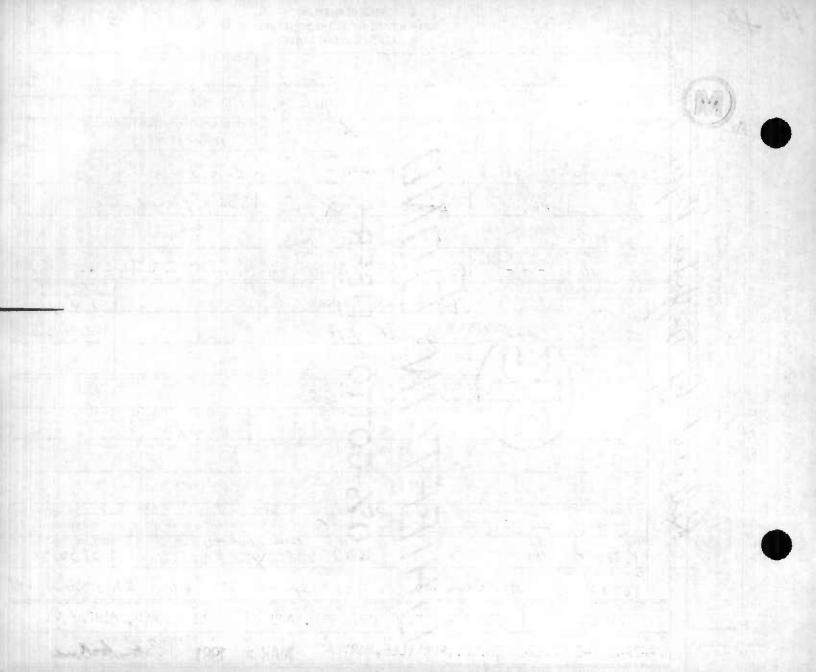
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	RAR NAME FIRST A CK BACK BACK E (STATE OR FOREIGN THE NOTING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEF THE STATE ANDLE EASED EVER IN U.S. ARMED FORCES? THE YES, GIVE WAR OR DATES THE YES, GIVE STATES THE YES, GIVE STATES	RAR CERTIFICATE OF DEATH NAME FRIST A RACE A RACE S. DATE OF BIRTH MONIH DAY YEAR 16. CITZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED THE STATE OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUPPLICITIVE) THAD IN SUPPLICITIVE, GIVE STREET/HOPENSIN THAD IS. CITY OR TOWN SAME RIST MODIE LAST THE STATE OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12. CITY OR TOWN SAME RIST MODIE LAST THE STATE OF DEATH 13. CITY OR TOWN 13. CITY OR TOWN 13. MOTHER'S MADIEN NAME FIRST PAUL SEOF DEATH (Enter only one couse per line, for (o), to), ond (c)) TI DEATH WAS CAUSED BY. IMMEDIATE CAUSE OB DUE TO, OR AS A CONSEQUENCE OF (c) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA ENDIT MEDICAL EXAMENTS DUE TO, OR AS A CONSEQUENCE OF (c) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA ENDIT MEDICAL EXAMENTS P.M. DUETO, OR AS A CONSEQUENCE OF (c) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA ENDIT MEDICAL EXAMENTS P.M. DUETO, OR AS A CONSEQUENCE OF (c) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA P.M. P.M. P.M. P.M. DUETO, OR AS A CONSEQUENCE OF (c) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA P.M. P.M. P.M. P.M. DUETO, OR AS A CONSEQUENCE OF (c) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA P.M. P.M. P.M. P.M. DUETO, OR AS A CONSEQUENCE OF (c) OTHER SIGNIFICANT CONDITIONS SOUTH DAY YEAR P.M. P.M. P.M. DUETO, OR AS A CONSEQUENCE OF (c) OTHER SIGNIFICANT CONDITIONS SOUTH DAY PATISACIAN AND THE ADDRESS SOUTH DAY PATISACIAN AND THE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. ANDRE PARCE S. DATE OF BIRTH MARKED REG. NO. A J S. B. AGE (INTERNSLAIS BRITHOLA) WIDWED WIDW



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oy the for	CITY OR TOWN OF DEATH Rockville	11. NAME OF HOSPITAL, NURSING INTI 25 ROCK VIII	HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION OF TYPE OF WORK FOR MOST OF ASSIST ant	ON 126 KIND OF BUSINESS OR
130 Page 130	Maryland Mon	or other institution, give residence before ad JNTY 13c. CITY OR TOWN t gomery Bethesd	a YES X NO	13e STREET ADDRESS 5708 Wils	son Lane
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DHOSPITAL OR ATTENDING PHYSICIAL total by the hospital or offereding phool of UNERAL DIRECTOR. After this certification bould be detached for use as the buriol-trith the State Dept of Health and Memot I who the Memot I is morked or them I worked or them I would be approved to the property of the prope	Couse (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEPARTMENT OF CHARGE AT WORK AT WORK 22a, I certify that (1) (this has saw the day led of the contribution of the con	CONDITIONS CONTRIBUTING TO DEA 196 CONDITION FOR WHICH OF 216 TIME OF INJURY HOUR A.M. MONTH DAY P.M. 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM Thibadeau, M.D Thibadeau, M.D L 236 DATE FEDTuary 23c. NAV	PERATION WAS PERFORMED YEAR 19 21c. HOW INJURY OCCUP 19 A. ETC.) 21l LOCATION STREET AND THE TERM 19 A. ETC.) ADDRESS	200 AUTOPSY? YES NEW	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO VINITEM 18, PART I OR PART 2) TO COUNTY STATE 19 19 1, that (I) increase stated the and hour and from the causes stated the ond hour and from the causes stated that I was a state of the county of

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to to	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 0 5 3	3 3
	I - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.	
	1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR	2b. HOUR
y be	Ray NM.N. Goddard 2-27-81	10 4 pm
E (M)	3. SEX Femele (4. RACE Cauc 5. DATE OF BIRTH 6. AGE (IN YEARS EAST BRITHDAY) IF UNDER 1 YEAR ON THE DAY YEAR YEAR YEAR YEAR YEAR YEAR YEAR YE	
deoth. Pog	70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? & MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED Montgomery	MD
- Jan 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(IF NOT INCOCH FACILITY GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTR	OF BUSINESS OR
NND 212	USUAL RESIDENCE (IF NURS OF COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 1206 FOX hull Lane	
MARYLA manufetely control	14 FATHER'S NAME IS MOTHER'S MAIDEN NAME	LAST
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours is retending physician. Wher this certificate has been signed by the attending physician and completely filled in the signed harmonic theory became remove carbonomers. Figure 1 and 2 hours the buriol-transit permit. Then please remove carbonomers and manual Higher prior to buriol, cremetion, or removal.	166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS WILLIAM GODDARD, 12205 FOXHILL LA.,	BOWIE, MD
II., BALT	8 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Bacterial Sepsis	OXIMATE INTERVAL NONSET AND DEATH
ESTON S death ce death death ce death deat	Conditions, if ony, which (b) DUE TO, OR AS A CONSEQUENCE OF CA	1/2 yrs
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The low ration. The low ration. The hos bee the bear pringine pringing the principle that the principle tha	Bone metastasis wy Freches 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINE IN CERTIFYING CAUSI YES NOW YES 1210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2	DINGS USED ES OF DEATH? NO []
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IVISION C IG PHYSIC ottending er this cer s the burio	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 216 LOCATION STREET CITY OR TOWN COUNTY WHILE AT WORK AT WORK AT WORK CAUSE OF DEATH P.M. 19 217 LOCATION STREET CITY OR TOWN COUNTY	STATE
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R ATTEI hospito red for rem 2	saw the deceased alive on 19 ond that in (aur) opinion death occurred an the date and hour ond from the obove (1) (we) (did) (kid no) view the bady ofter death.	
ALOR A OF A	DEGREE COULTY 120. DATE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 2/	28/8/
TO HOSPITAL OR A retained by the hos should be detoched with the Stote Dept.	PETER B. SHERER MD 120 Spring St. 4610 Silver S	pring mel
0 CO3 BP	236. BURIAL, CREMATION, REMOVAL 336. DATE 371/81 Z36. NAME OF CEMETERY OR CREMATORY FALCES CHURCH, FATREA	X, VA STATE
DHMH-16 30M 2/80 (VRA 15, 4)	DANZANSKY-GOLDBERG MEM.CH., ROCKVLLE, MARYLAND MAR 5 1981	ATURE



FOR - STATE

(VRA 15 (4))

Hyattsville, Maryland

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1.	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARTLAND SENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH) 5 3 3 5
9 25			ARLES MODIE HARRY	DRahl GRAHL	REG. NO.	DAY YEAR 26 HOUR -16 - 81 7:37 P
age 4 may	3 SE		RACE White	5 DATE OF BIRTH MONTH DAY 9 23 1894	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HE MONTHS DAYS HOURS MIN
death. Pa		IRTHPLACE (STATE OR FOREIGN) OUNTRY) TOWA	OF SA.	MARRIED WEVER MARRIED WIDOWED DIVORCED	1 BALTIMORE CITY OR COUN MONTGOM	TY OF DEATH
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completely T and 2 shounded or	14 F	ATHERS NAME Harry Hans	ADDIE Grobl LAST	15. MOTHER'S MAIDEN NA FIRST LOUIS Q	L.	BOCK
rficate be exec ysician and co pers. Pages 1 a oval.		NAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) I IF YES, GIVE Y	WAR OR DATES	4.0-0	ADDRESS rahl. 11810 Tift	Md.
requires that the death cert signed by the attending phen please remove carbon pato burial, cremation, or remy injury, or other traumatic	2	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO	1	tervolevos	NINAL DISEASE OR CONDITION G	IVEN IN PART 1(0)
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O HOSPITAL letained by the P TO FUNERAL E yould be detach with the State D IMPORTANT: II		22d PHYSICIAN'S NAME (TYPE OR MICHAE)	4. Bolognese	MID. PHYSICIAN P 220 ADDRESS Q 2 6/ GaiTh	Mont goners ers burg, Md.	1 - 7 / 4
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STATE OF MARYLAND

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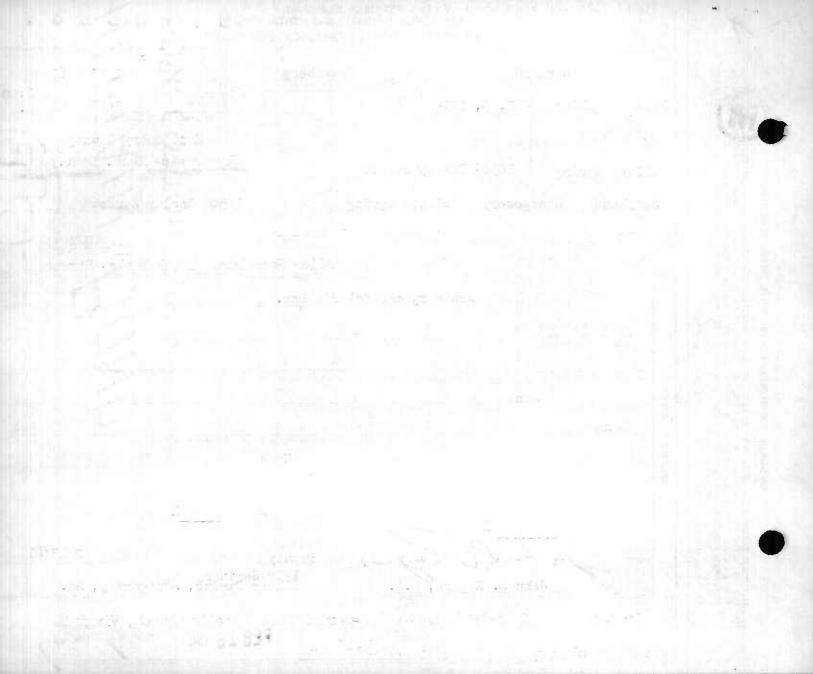
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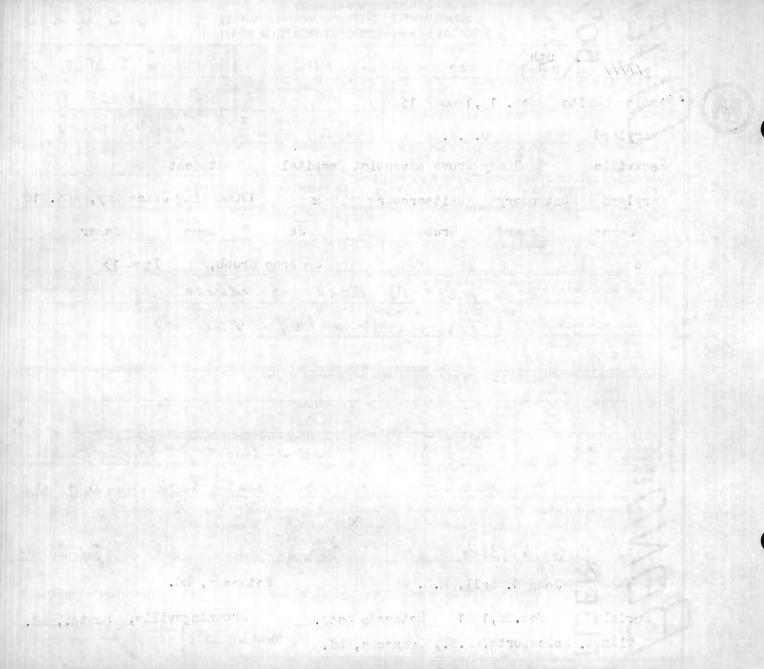
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BALTIMORE, MD. RS AFTER DEATH. GIVE PAGES 1. WITH FORM PM. PAGES 1 AND 2 DIVISION OP/ITA			059-10-2884 W.B.Greenman (Wife) Same	as above
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TO MEDICAL EXAMINER: 1 TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21, 1			ADDRESS 7930 Old Georgetown	Rd •
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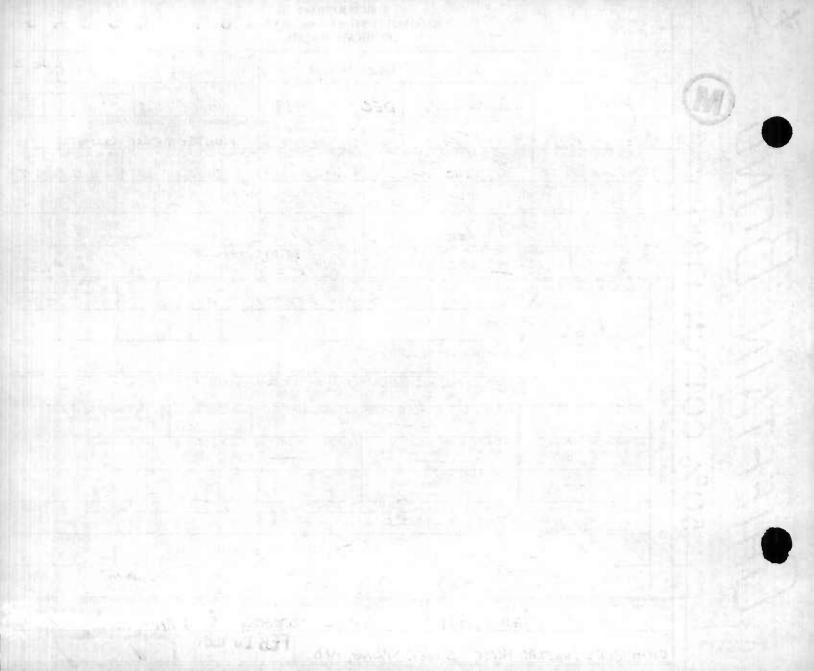
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH DECEASED NAME FIRST TYPE OR PRINTS SHIRLEY GRUNIN Febuary 17 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) LSEX MONTH June 03 20 Female White 70. BIRTHPLACE (STATE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED NORTH CAROLINA U. S. A. DIVORCED Montgomery 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION OWN HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) HOUSEWIFE Silver Spring Holy Cross Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 INVIDE CITY LIMITS? 13e. STREET ADDRESS 10120 New Hampshire Avenue Montgomery Silver Spring NO Maryland A FATHER'S NAME BARNEY GOLDSTEIN KRAFT REBECCA AS DECEASED EVER IN U.S. ARMED FORCES?
NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 166 SOCIAL SECURITY NO. 17 INFORMANT JOEL GRUNIN, same as #13 263-28-6414 APPROXIMATE INTERV 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_ TERLOSCLERATIC Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) AUITUS 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? Nane NO [21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 22a. I certify that (1) (the hospital) attended the deceased fram_ FEB saw the deceased alive an and that in (my) (and apinian death accurred an the date and have and from the causes stated (I) (well (did) (did nat) wew he bady after death. 77c DATE SIGNED DEGREE ATTENDING MEDICAL STAFF
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	22a.1 certify that (1) (this hospital) of	ended the deceased from_	Jan. 30 1951		, that (I) (we) last

ATTENDING

PHYSIGIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22. DAJESIGNES

276. SIGNATUR PHYSICAN'S NAME (TYPE OR PRINT)

sow the deceased anye of obove, (1) (we) did (did not) view the body after death

Carroll St.N.W.

22e. ADDRESS

DECREE

MEDICAL

PHYSICIAN

23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236. DATE Burial 'eb Takoma

81 Rock Creek

Washington, COUNTY Washington,

STATE

DHMH - 16 50M 7/77

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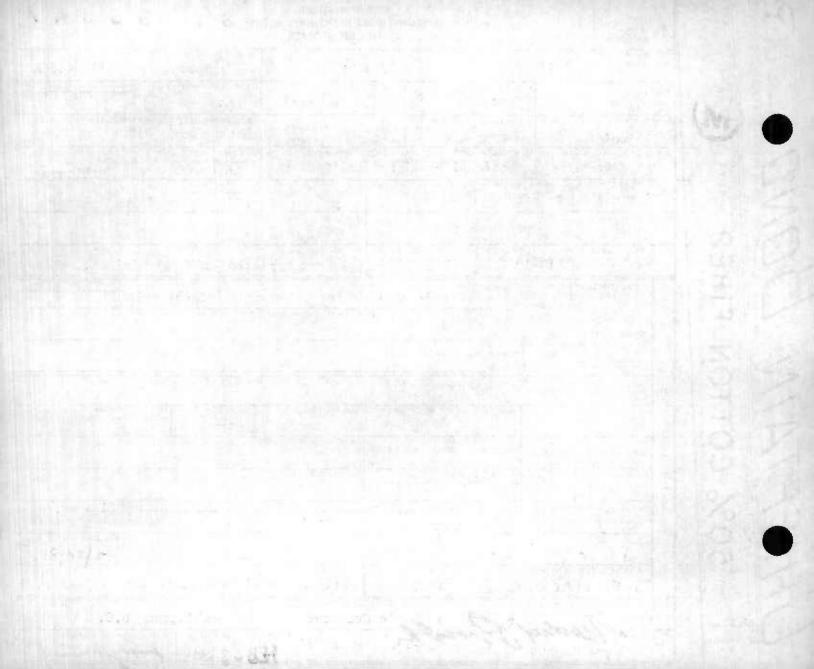
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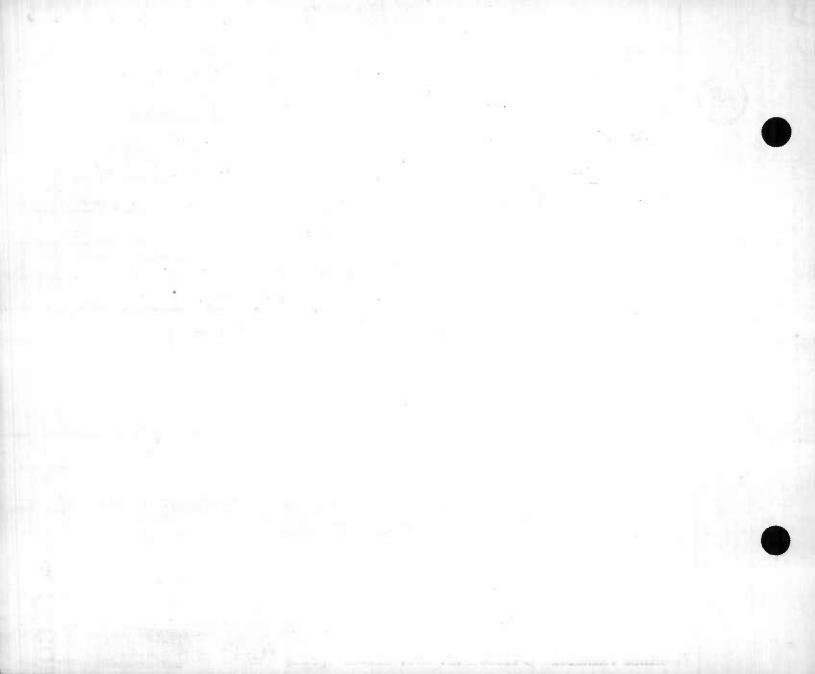
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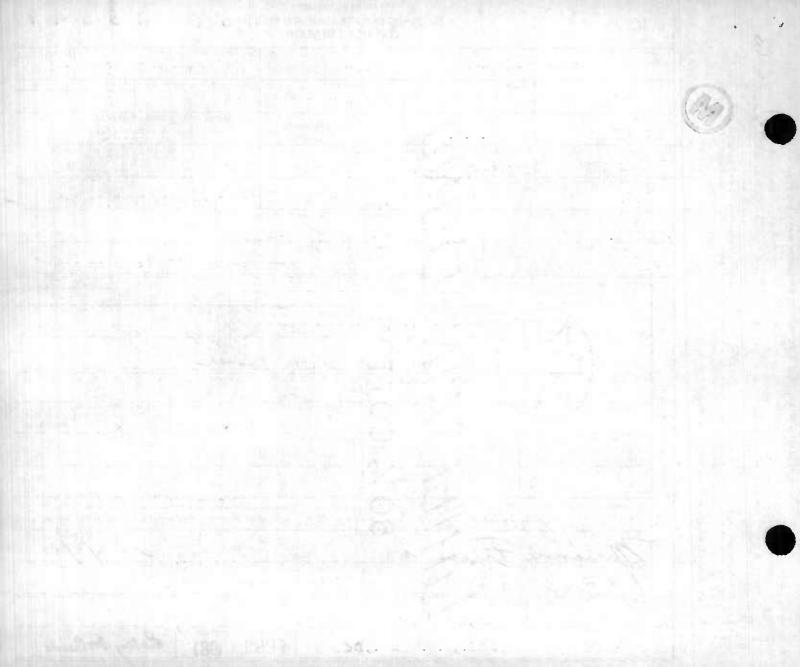
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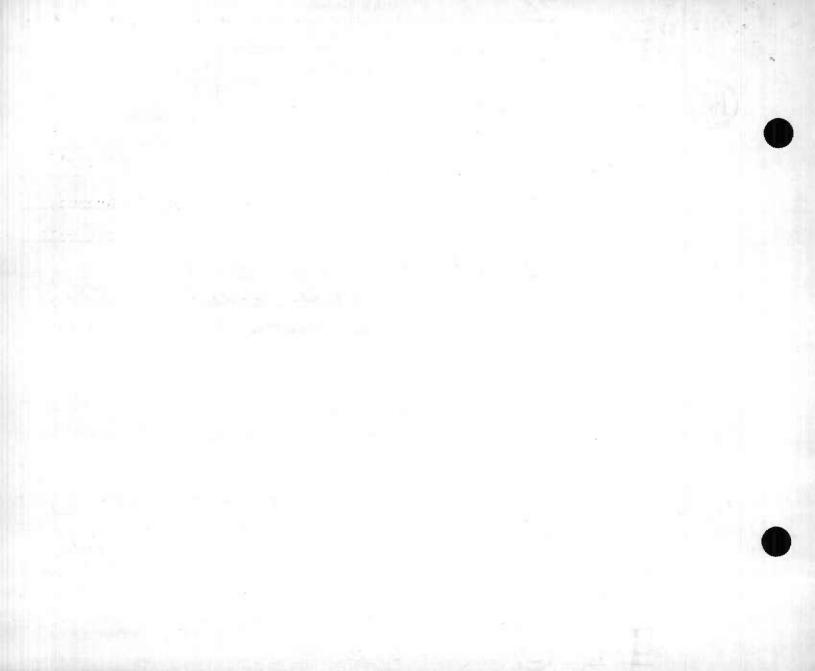
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STATE OF MARYLAND



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DHMH-16 30M 2/80 (VRA 15, 4)

FOR

- STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Washington, D.C.

REG. NO.

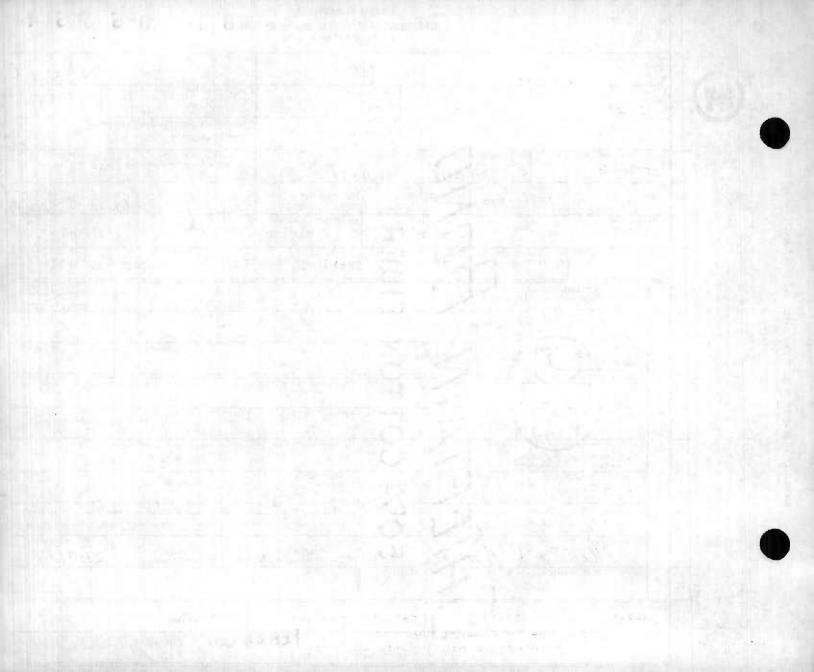
A FUNERAL DIRECTOR Joseph Gawler's Sons Inc. 5130 Wisc. Ave., N.W. Wash., D.C.

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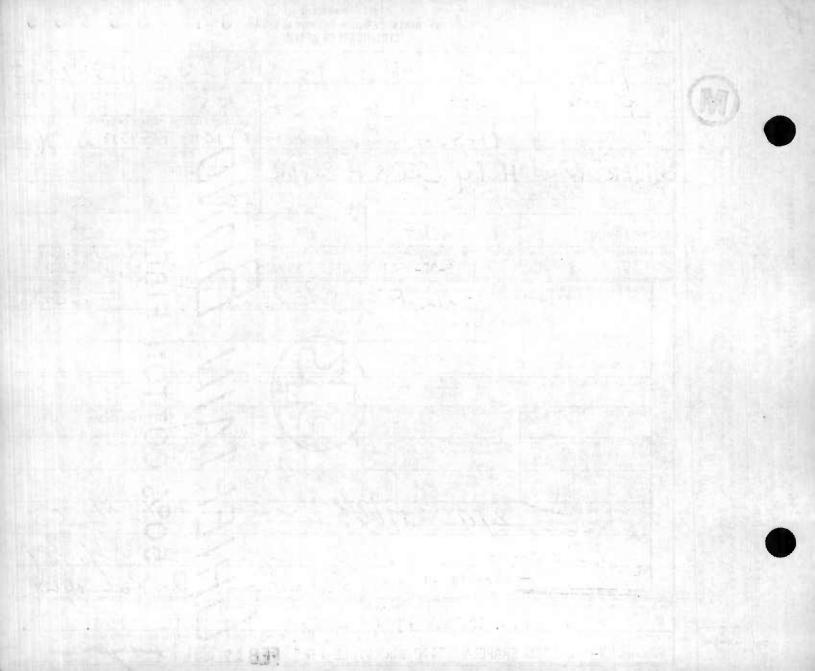
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

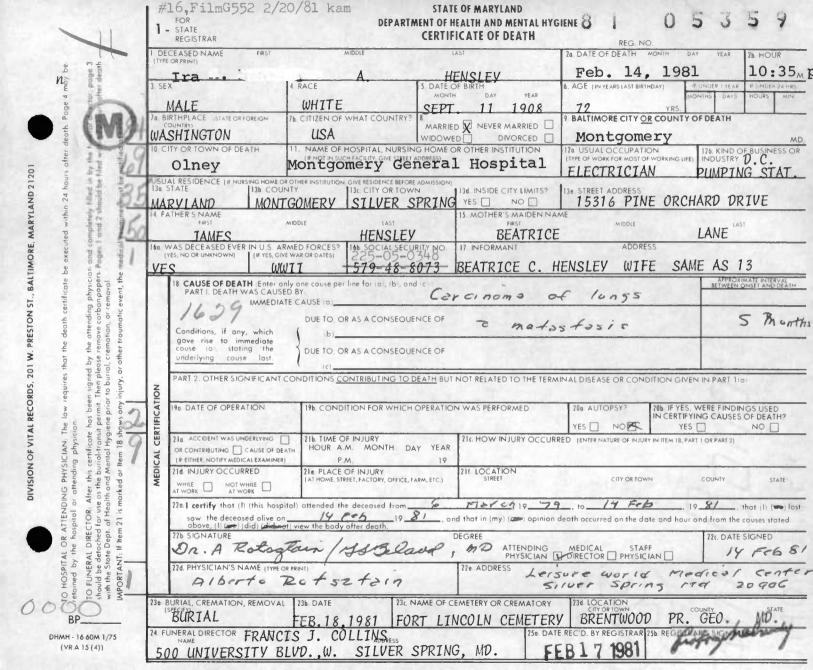
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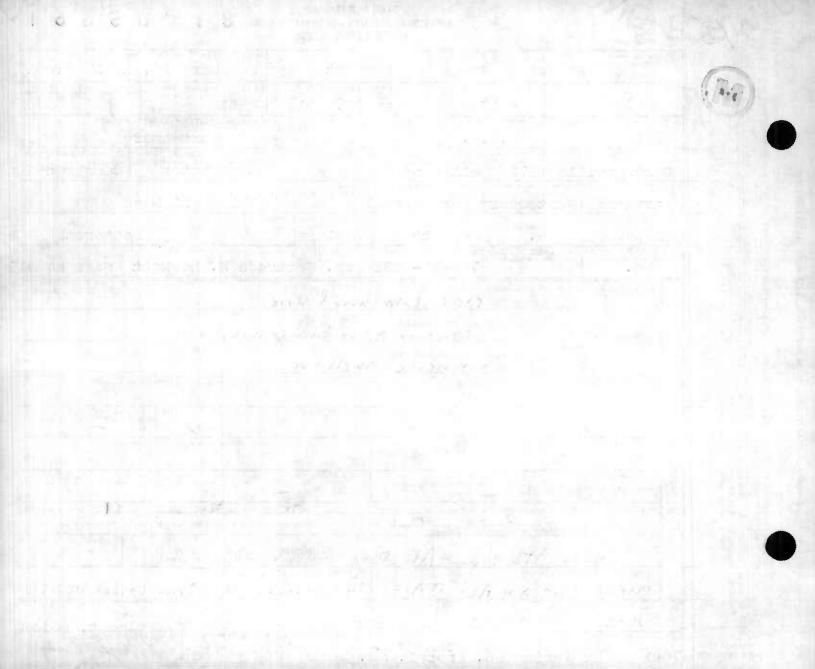
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			ost DUE 10, 0	R AS A CONSEQUE	NCE OF					
	z	PART 2. OTHER SIGNIFIC	CANT CONDITIONS C	ONTRIBUTING TO D	EATH BUT NOT	RELATED TO THE TERM	INAL DISEASE OR	CONDITION GI	VEN IN PART I	a
-	ATIO	19a. DATE OF OPERATION	19b. COND	TION FOR WHICH	OPERATION WA	S PERFORMED	20a AUTOPSY	? 20b. IF YE	S, WERE FINDIN	VGS USED
d	CERTIFICATION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					YES NO		FYING CAUSES	OF DEATH?
0	B	21a. ACCIDENT WAS UNDERLY	110110 4	FINJURY M. MONTH DA	V VEAP 21c.	HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM 18	PART I OR PART 2)	
1	S	OR CONTRIBUTING CAUSE	OFDEATH	M.	19					
	MEDICAL	214 INJURY OCCURRED	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA		LOCATION STREET	CIT	Y OR TOWN	COUNTY	STAT
		AT WORK AT WORK			2/1	101		7/1	0./	titet.
		22a.1 certify that (1) (this	3 /	e deceased fram_	17/	t in fact (our) apinian	death accurred as	the drive and he	- /	that pr (we)
		275 SIGNATURE	die not view the body	after death.	DEGR	A CALL THE STATE OF THE STATE O	acam accorred an	me gate and not	27c DATE	-
		1	11-		In	ATTENDING _	MEDICAL	STAFF	21	1/8
1		224 PHYSICIAN'S NAME	THE COUNTY P. A.	1	, 27e	ADDRESS PHYSICIAN	DIRECTOR P	HYSICIAN	1	100
1		STU Edi	7 8	MA GAN	21415	DW. Edr	unster	John. K	achie	44
	23u	BURIAL, CREMATION, REM	Action 1			ERY OR CREMATORY	23d. LOCATION		county	Statt
		BURIAL	FEB. 1	3,1981 PA	RKLAWN	CEMETERY	ROCKV	ILLE	MONT_	MI
		UNERAL DIRECTOR	DEDC CHARE	1 C 1985	RUCKAIL	E, MD 25a. DAT	D 1 7 198	1 RAN 236. REGIS	TRAR'S SIGNAT	UKE
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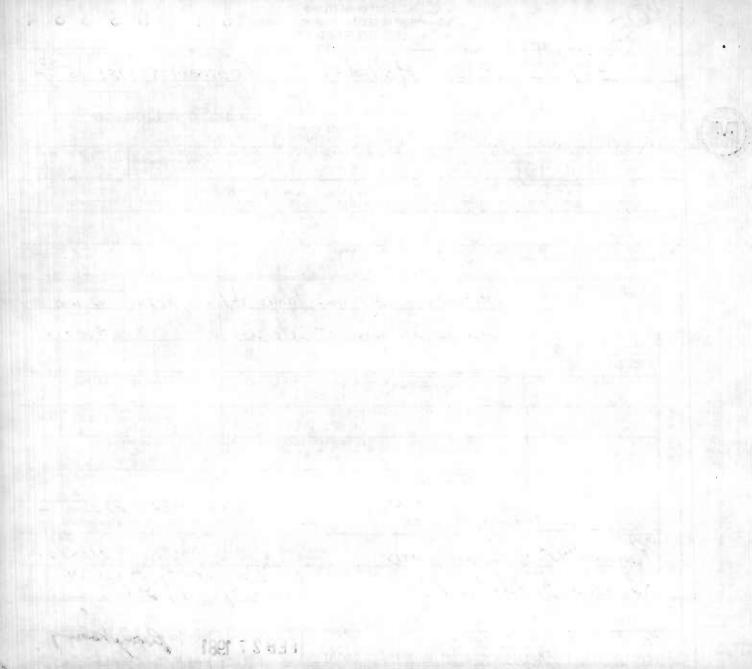


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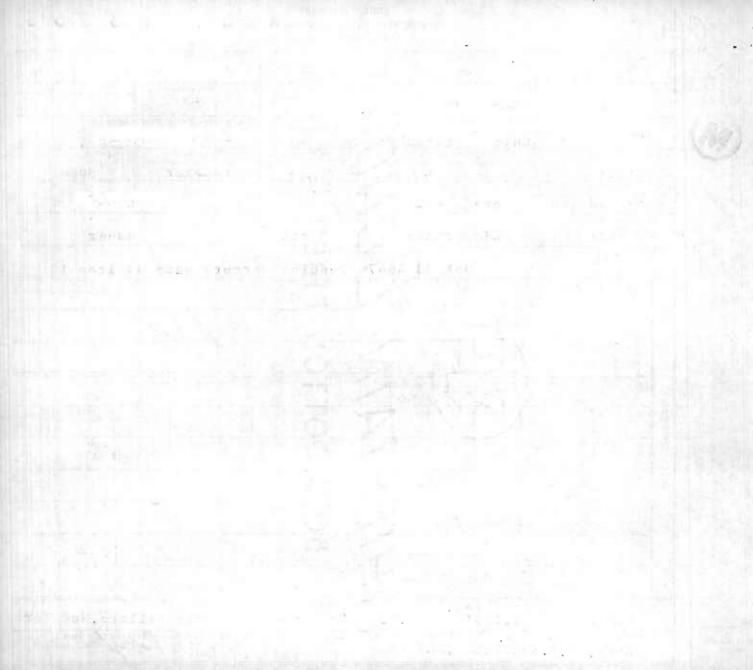
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4 5	- STATE REGISTRAR			ICAL EXAMIN			760	REG. NO.	3 0 0	0
	1. DECEASED NAME	FIRST	· ·	MIDDLE	LAST		2c. DATE	KNOWN X7 MOR	NTH DAY YEAR	Zh HOUR
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	Male	White	DATE OF BIRTH	1922 6 AGE (IN YE LAST BIRTHD	AY) MONTHS DAY		24 HRS. 2c. DAT PRONOU DEA	NCED	b 25 81	2d. HOUR 5:4,61
O V V V V V V V V V V	70. BIRTHPLACE (ST	ia 71	USA		. V	NEVER MARRI	ED 🔲	wore city or control o	UNTY OF DEATH	MD.
S TO THE S	10 CITY OR TOWN C		(IF NOT IN SUCH FACE	TAL, NURSING HOMI		ITUTION		JPATION (TYPE OF WO		ISINESS
IF ANY DE	USUAL RESIDENCE (13a. STATE Maryland	IF IN NURSING HOME OR C	OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSI	ON)	IDE CITY LIMITS?	13e STREET ADDR	Ross Ros	ad	
O HEYNA	14. FATHER'S NAME		MIDDLE	TZAL		THER'S MAIDE	N NAME	MIDDLE	LAST	
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BALTIMORE, BALTIMORE, CURS AFTER DE B. GIVE PAGE WITH FORM WITH FORM DIVISION OF PAGES 1 AM	160. WAS DECEASED (YES, NO, OR UNKNOW Yes	DEVER IN U.S. ARME	R OR DATES)	579-16-88		ormant ife, S	ylvia	same 8	as above	
W. PRESTON ST., D. WITHIN 24 HOLE FINCIL IN ITEM 18 AMINER ALONG V. IRANSIT PERMIT. FERNAL PYGIENE, IREMOVAL.	Condition gave ris couse (a) lying cou		CAUSE (o) DUE TO, OR A (b) DUE TO, OR A	S A CONSEQUENCE	OF		czvo	I Du	APPRÓXIMATE BETWEEN ONSE	AND DEATH
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O MEDICAL EXAMINER: THIS RECUTE THE CERTIFICATE, WAS AGE 4 SHOULD BE FORWAR O FUNERAL DIRECTOR: PAGE FIRE DEATH, WITH THE STATE ATTIMORE, MARYLAND, 21201	220. I certif death resulte ACTUAL SIGNATURE	y that I taak charge o				Inspection omicide ,	Undetermined n	nonner ,	ATE FED 20	7951
TO MEDIC. TO MEDIC. TO MEDIC. TO FUNER. AFTER DEA BALTMORE	TYPE OR PRIN			0	ADDRE	55		Road, S		
PAPE BALL	23a.BURIAL, CREMAT	TION, REMOVAL 23b.		23c. NAME OF CE			236. LOCATION CITY OR TOWN			TATE
OF 1 BRO	Burial 24. FUNERAL DIREC		b27,1981			Centy.	Adelphi	AR 25b. REGISTRAL	Geo. Md	
DHMH - 17 (VR A15 ME (5)) 15M 7/76	NAME W	Chambers		8655 Georg		MA	R 2 198	1 11 200 2	y/Milled	7

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0		CEASED NAME FIRST	WIDDLE		A51	20. DATE OF DEATH MONTH	DAY / YEAR	26 HOUR	
poge 3	(TYP)	Maria Maria	K	H	ormuth	February 4,	1981	2016pm	
p d	3. SE		4 RACE	5 DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
tho c		Female	Caucasian	Jan		84 VI		HOURS MIN.	
E ME	7a. B	RTHPLACE _ (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIE	NEVERMARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH		
A P	1	New York	United Stat			Montgomery	County.	MD.	
	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME C		120 USUAL C CUPATION	128 KIND OF	BUSINESS OR	
185	-	ockville	Shady Grove 1	Adventi	st Hospital	Homemaker	NG LIFE) INDUSTRY Hon	ne	
10 P	3a. :	AL RESIDENCE (IF NURSING HOME OF	TY 13c. CITY OF	RITOWNA	13d. INSIDERITY LIMITS?	13e STREET ADDRESS ,			
55			gomeryRocky	ville	YES NO	3 Basildon	Circle		
xomine 2 s	14. F/	ATHER'S NAME	MIDDLE LAS		15. MOTHER'S MAIDEN NA	WE	LAST		
(\$)		Pius	Zimmerma		Maria		Bauer		
medica		VAS DECEASED EVER IN U.S. AR	/E WAR OR DATES)	SECURITY NOD	30				
0 /		140.	061 (03 4647	Rudolf H	lormuth same			
ent, th		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), and (c).)	, , ,		APPROXIM BETWEEN OF	NATE INTERVAL NSET AND DEATH	
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injury,	ē	Vark.	11/1/2/11/11	lendy.					
s ony	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. II	YES, WERE FINDING RTIFYING CAUSES O	GS USED OF DEATH?	
Shows	AT I					YES NO H	YES 🔲	NO 🗌	
T &		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART FOR PART 2)		
Item 18	SAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	NIP .	19					
dwe	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	PERCE FARM ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
rkec	2	AT WORK AT WORK	1/			F1 - 1	0 -1	- 37.30	
s mo		22a.1 certify that () (this haspi	tol) ottended the deceased f		VENIPW 19 80	to Minning 9	19.87	hot (I) (we) lost	
of H 21 i		saw the decrosed/blive on obove. (I) (we) (did) (did no	I yew the bodyour death.	19 8/ . 01	nd that in (my) (our) opinion	death occurred on the date and	hour and from the co	ouses stated	
tem tem		22b. SIGNATURE	1) 6/	1.	DEGREE		Dr. DAJE S	IGNED	
T. If I		120	V/YJB	1/1	MO ATTENDING	MEDICAL STAFF	2/4	181	
NA V	1	724 PHYS CIAM'S NAME ITHE	H PRINCE /	-/	22e. ADDRESS	2 - MEIONE THIOCHAIT	111	1	
with the State		THOMAS 1	J. GARVEY	II, MI	11510010	1 George four de	d. Rehvi	11/110	
3 ₹	23a. I	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION			
		Burial	9,1981	St. Jo	hn's Cemete	ry Middle Vi	llage, Ne	w York	
A 2/80	24. F	UNERAL DIRECTOR ROBER	T A. PUMPHR	EY FUNE	RAL 250. DA	TE REC'D. BY REGISTRAR 256. R	SISTRAR'S SYSNA	RE	
4)		HOMES, P.A.	ROCKVILLE, MA	KRYLAND	FFI	R 1 1 1981	Mary / Males	rody	



Bethesda, Maryaand

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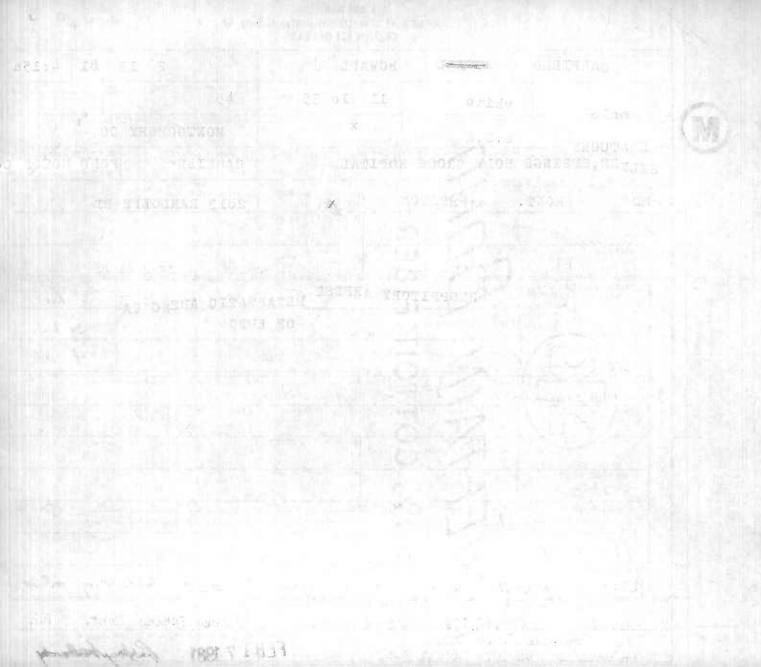
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DHMH-16 30M 2/B0 (VRA 15, 4)

201 W. PRESTON ST.,

DIVISION OF VITAL RECORDS,

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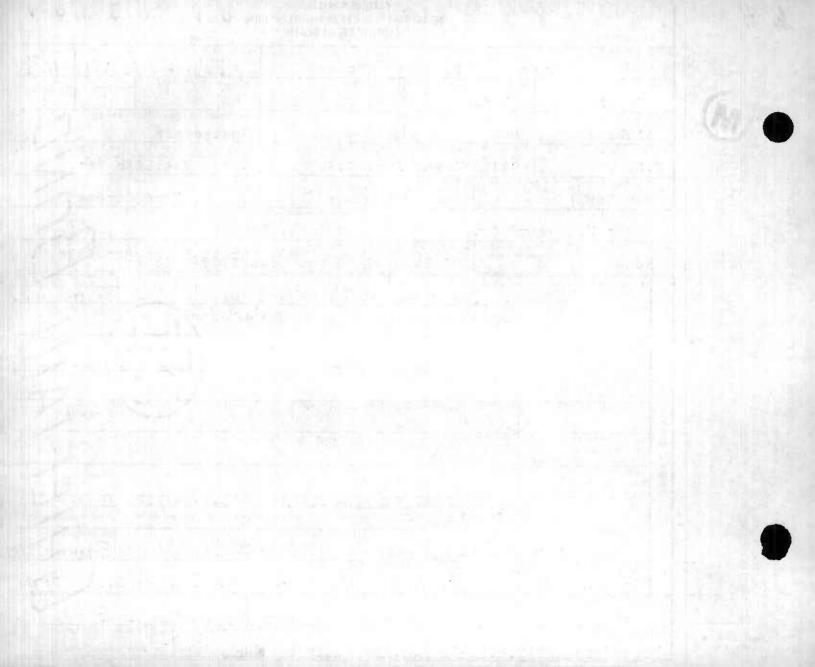


Hines/Rinaldi F.H.11800 N.H.Ave.S.S.Md

FOR STATE

24 FUNERAL DIRECTOR

DHMH-16 30M 2/80 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8



23	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 0 5 3 7 0						
D X	1 - STATE REGISTRAR	MEDICAL EXAM	NER'S CERTIFICATE	OF DEATH REG. NO.	• • • •			
	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20. DATE KNOWN MO	ONTH DAY YEAR 26 HOUR			
2255	Donal		Howell	DEATH MATED [Feb, 9 19 81 165 M			
A DE COM	M RACE negro	5. DATE OF BIRTH MONTH DAY 8-22-29 6. AGE (M. LAST BIRT) 5.1		MIN. PRONOUNCED	b. 9. 19 81 16 PM			
A SHARE	6. BIRTHPLACE (STATE OR FOREIGN COUNTRY) South Bend, Ind	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED ENEVER MARR	9. BALTIMORE CITY OR CO	OUNTY OF DEATH			
A S S S S			WIDOWED DIVOR		14167			
TOTAL PAGE SENED S	10. CITY OR TOWN OF DEATH Bethesda	11. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS Suburban Hospital	5)	12d. USUAL OCCUPATION (TYPE OF W	Pire Dept.			
NY DE	USUAL RESIDENCE (IF IN NURSING HOME OF 130, STATE MONTO	rother institution, give residence before adm	155ION)	3461 APES1lsey	Drive			
M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14 FATHER'S NAME TT11ie	MIDDLE Howell	is mother's maid WiTile	EN NAME Mae Middle	unknöwn			
ATTER DI THE FORM NOES 1 A SION OF	160. WAS DECEASED EVER IN U.S. AR/ (YES, NO, OR UNKNOWN) (IF YES, GIVE	AED FORCES? WAR OR DATES) 16b. SOCIAL SECU 307/22/		well 3401 Wooll	Lsey Dr			
TON ST., BA 4.24 HOURS I ITEM 18. G ALONG WIT FERMIT PR	18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED	E CAUSE (a) CONSEQUENCE	Insufficienc		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
301 W. PRES	Conditions, if any, which gave rise to immediate cause (a) stating the <u>underlying cause last</u> .	(b) Cardio VS DUE TO, OR AS A CONSEQUENCE	scular Disc	P85-4				
RECORDS, ILD BE EXE PENDING F MEDICAL ED AS A BL HEATH AN REATH AN	-2.0	CONTRIBUTING TO OEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION GIVEN IN PA	ART 1 (a),				
TALRE TALRE TO THE TO T	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS	19b. CONDITION FOR WHICH OF	ERATION WAS PERFORMED?		20. AUTOPSY? YES □ NO 🔀			
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DIVISI WRITING VARDED VARDED AGE 3 SI 201 PRID	CONTRIBUTING CAUSE OF IT	21e. PLACE OF INJURY (ATHOME STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE			
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DHCAL EXA IR THE CER A SHOULD DEATH, WIT ONE MARK	ACTUAL SIGNATURE	mes. Bell	M.D. DEPUT!	MEDICAL EXAMINER SI	ATE 726-9, 1981			
TO MEDICAL EXECUTE THE PAGE 4 SHO A FUNERAL A FOR EXAMPLE BALTIMORE, M	EXAMINER'S NAME (TYPE OR PRINT)		ADDRESS					
5200 Table			emetery or crematory and Cemetery	South Bend	COUNTY Indiate			
DHMH - 17 (VR A15 ME (5)) 15M 7/77	24 FYNERAL DIRECTOR NAME CHUELE WOE	abfork 1722-Noi	ECONTRIVE FE	REC'D. BY REGISTRAR 25b. REGISTRA	R'S SIGNATURE			

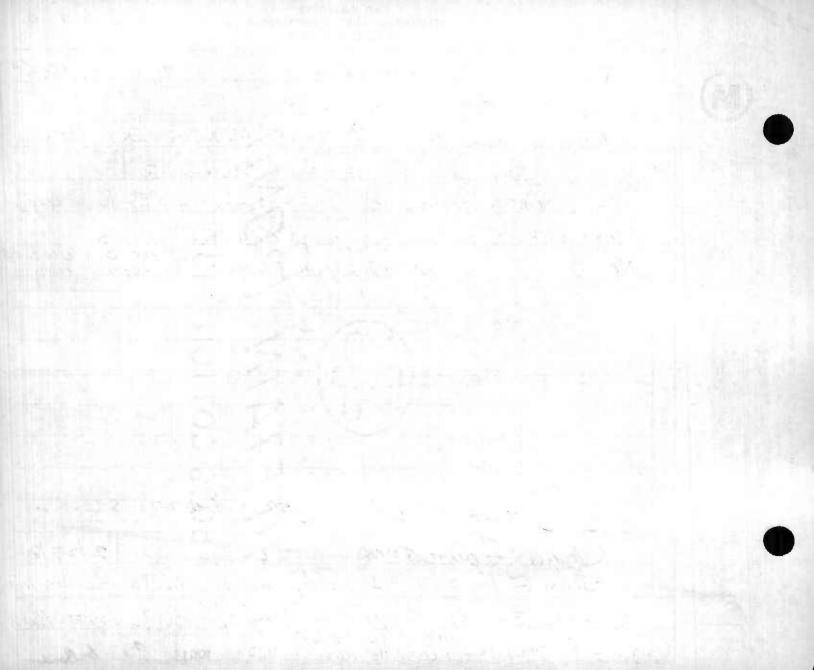
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JEFFREY R. HUGHES JEFREY RONOUNCE JEFREY RONO	053	3 7 1						
JEFFREY R. HUGHES DEATH	REG. NO.							
S. SEX	IOWN MONTH DA	YEAR 26. HOL						
Male white February 18 23 YRS. Markithplace (Shaleer Foreconderounity) Maryland	6 6	1 19 81						
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ID. CITY OR TOWN OF DEATH ROCKVILLE ID. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Shady Grove Advent ist Hospital Rockville Shady Grove Advent ist Hospital Roofer ID. STATE ID. COUNTY Maryland Montgomery Rockville ID. STATE ID. COUNTY Rockville ID. STATE ID. COUNTY Rockville ID. MONTGOMERY Rockville ID. MONTGOMERY Rockville ID. ID. STATE ID.	RECITY OR COUNTY OF							
ROCKVILLE Shady Grove Adventist Hospital Roofer USUAL RESIDENCE (# PININGSINCHOME GOTHER ASTITUTION GIVE RESIDENCE REFORE ADMISSION) 13a. STATE	omery County							
13a. STATE	G LIFE)	OR INDUSTRY Building						
14. FATHER'S NAME Arthur 15. MOTHER'S MAIDEN NAME LOTS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (16 YES, GIVE WAR OR DATES) 160. SOCIAL SECURITY NO. 220-74-5103 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY. MULtiple injuries 16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) MULtiple injuries 16. CAUSE OF DEATH (Enter only one cause per line for (b) 16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 17. INFORMANT Arthur J. Hughes (same cause of conditions) 16. CAUSE OF DEATH (c) 16. CAUSE (a) 16. CAUSE (b) 16. CAUSE (b) 16. CAUSE (c) 16. CAUSE OF DEATH (c) 16. CA	by Road							
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The external cause of Death (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Multiple injuries	ADDRESS							
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190 DATE OF OPERATION 100 DATE OF OPERATION 101 DATE OF OPERATION 102 DATE OF OPERATION 103 DATE OF OPERATION 110 DATE OF OPERATION								
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UNDERLYING CONTRIBUTING CAUSE OF DEATH 1:12 Mx 2-21 - 19 81 Pedestrian struck by a CONTRIBUTING CAUSE OF DEATH 1:12 Mx 2-21 - 19 81 Pedestrian struck by a CONTRIBUTING CONTRI	20	0 AUTOPSY?						
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22d. I certify that I took charge of the remains described above, held an Autapsy X. Inspection Inquiry (death resulted fram. Natural causes . Accident X., Suicide ., Hamicide ., Undetermined man TITLE (SPECIFY)								
22e I certify that I took charge of the remains described above, held an Autopsy X. Inspection . Inquiry [death resulted from. Natural causes . Accident X., Suicide ., Hamicide . Undetermined man	COUNTY	STATE						
. death resulted fram: Nataral causes . Accident . Suicide ., Hamicide . Undetermined mar								
LACTUAL COLOR OF A STORY OF THE	, and in my opinion er .	n						
MID. TIGHT MEDICAL EXAMI	DATE ,	2-22-81						
EXAMINER'S NAME Ann M. Dixon, M.D. ADDRESS 111 Penn S								
230. BURIAL, CREMATION, REMOVAL 23b. DATE 1981 23c. NAME OF CEMETERY OR CREMATORY (23d. LOCATION CITY OR TOWN	COUNTY	STATE						
Burial February 24 Gate of Heaven Cemetery Silver S 24 FUNERAL DIRECTOR ROBERT A. Pumphrey Funeral Homes P/A 250. DATE REC'D. BY REGISTRAR AMAGE 124 FUNERAL DIRECTOR ROBERT A. Pumphrey Funeral Homes P/A 250. DATE REC'D. BY REGISTRAR	ring Monta	Md.						
24 FUNERAL DIRECTOR RObert A. Pumphrey Funeral Homes P/A 250. DATE REC'D. BY REGISTRAR	256. RECHSTRAR'S STON	ATURE						
300 W. Montgomery Ave. Rockville, Md. 20850 FEB 2 / 1981	perform por	Ellerate						

Homes.





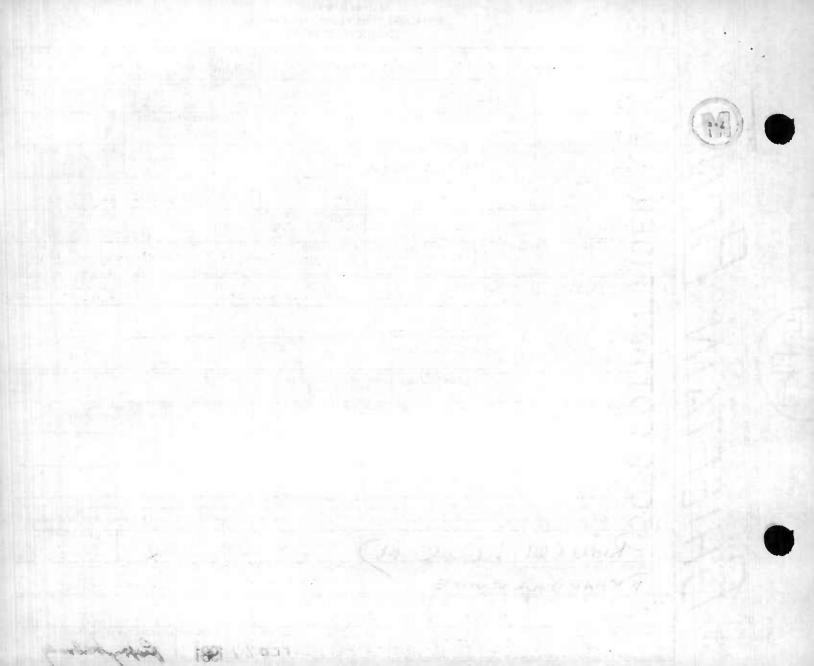
	1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL	HYGIE	NE 6 1	0.	5	J	/ 44	
		CEASED NAME	FIRST	MID		AST	a. DATE OF DEATH		DAY YEAR		26 HOUR			
1		FRAN	ICES	G. JEFF		15 FEBRU	ARY	198		1205 pm				
D	3. SEX			RACE		5. DATE C			AGE (IN YEARS LAST BIE	THDAY)	IF UNDER I	YEAR DAYS	IF UNDER 24 HRS HOURS MIN.	
7		FEMALE		NEGRO		OCT	OBER 18 1	911	69	YRS	Morting	VAIS	MIN,	
0-		RTHPLACE (STATE OF F	OREIGN 7	b. CITIZEN OF WI	HAT COUNTRY?	0 9	BALTIMORE CITY	R COUN	TY OF DEAT	Y OF DEATH				
83		IRGINIA		U.S.		WIDOWE			MONTGOM	ERY	COUN	COUNTY		
-	10 C	ITY OR TOWN OF DEA	TH 1	1. NAME OF HO	SPITAL, NURSIN		20 USUAL OCCUPAT			125. KIND OF BUSINESS OR				
41	-	ETHESDA	100	NATIONA	AL NAVA	L ME	DICAL CEN				PO		OFFICE	
35	13a. S	AL RESIDENCE (IF NURS STATE RYLAND	136 COUNT	Y 13	VE RESIDENCE BEFORE 36. CITY OR TOW LANDOV	N	13d INSIDE CITY LIMIT	S? 1	3e STREET ADDRESS 9018 ARD	NORI	E RD.			
		ATHER'S NAME					15. MOTHER'S MAIDEN	NAME						
60	PH	ILIP GILI		IDDLE	LAST		JUANITA	EGG	GLESTON			LAST		
2	160 V	VAS DECEASED EVER YES, NO OR UNKNOWN)		WAR OR DATES	55 SOCIAL SECU		17. INFORMANT 9018 ARD	HIL	DA J. HENT E RB. LA	ERSO NDO	N NIE	ECE MD		
	NO	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) THYROID CANCER DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE							al disease or con	DITION G	IVEN IN PAI	RT 1(a		
9	CERTIFICATION	19a DATE OF OPERAT	ION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED					200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				OF DEATH?	
9		710. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DE AT	216. TIME OF I HOUR A.M.	NJURY MONTH DA	21c. HOW INJURY OCCURR			YES NO YES					
	MEDICAL	21d INJURY OCCURR	ILE C	21e. PLACE OF (AT HOME, STREET	INJURY FACTORY, OFFICE, FA	ARM, ETC)	211. LOCATION STREET		CHY OR TO	IWN	COUNT	ſΥ	STATE	
		22a I certify that (I) saw the decease abave, (I) (we) to	d alive an		10		d that in (my) (our) opi	inion de	, to oth occurred on the d	ote and ha		n the c		
		226. SIGNATURE	in	G, S Adur M, D, ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN					
1		22d, PHYSICIAN'S NA	ME (TYPE OR	PRINT)			22e ADDRESS							
		REMOVAL		23b. DATE FEB 19	1981 D	EFRIE	EMETERY OR CREMATO	HOME			COUNTY		STATE	
	24 FL	INERAL DIRECTOR	G 70	200	7 print	T TEA	TA AVE S 250	DATE	REC'D. BY REGISTRAR	25h - G	STRAR'S SIC	SNATU	IRE	

STATE OF MARYLAND

DHMH-16 30M 2/80 (VRA 15, 4)

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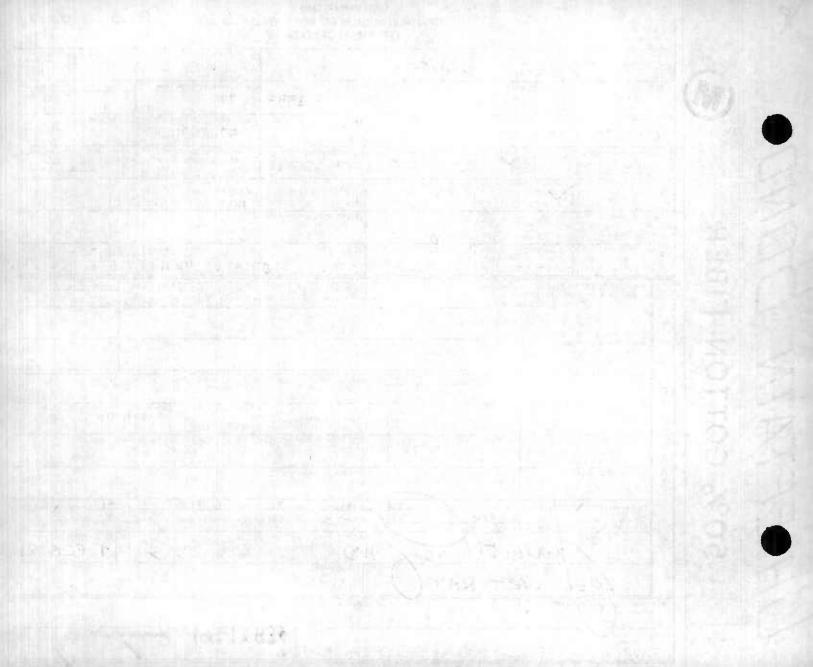
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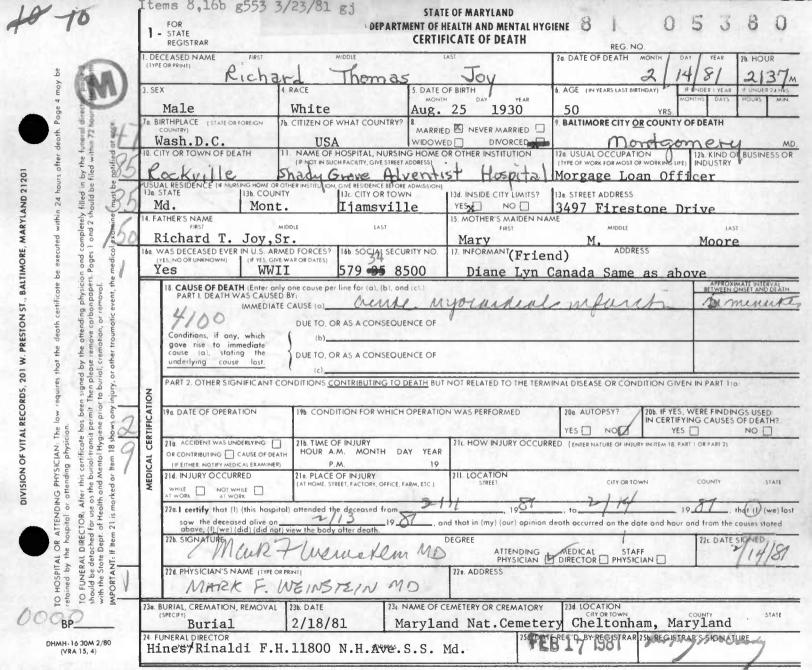
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10	K	,	FOR	DEP	ARTMENT OF HEALTH AND MENTAL H	YGIENE 8 1 U S	3 3 / 6
		1.	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		1 DEC	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
	o e o	(TYPE	John		Jones	2 26	81 1:00AM
	AP II	3. SEX		4 RACE	5 DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS
	1 (10 10)	0.027	Male	Black	MONTH DAY YEAR	02	ONTHS DAYS HOURS MIN
	T. C. LAME 11-3	7n RI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	Apr. 15, 1888	9 BALTIMORE CITY OR COUNTY C	NE DEATH
	A STATE OF THE STA		DUNTRY)		MARRIED LI NEVER MARRIED L		
	8 55 3/2/	10.00	Virginia TY OR TOWN OF DEATH	U.S.A.	JRSING HOME OR OTHER INSTITUTION		
	frer the	10 C1			FIREE DOPRESS) Hosp.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY
201	by the filed the	110	Olney			Construction	
BALTIMORE, MARYLAND 21201	how din	13a S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE NTY 136 CITY OR	BEFORE ADMISSION) TOWN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	
NA	filled found by		Md. Mon	tg. Silver	Spring YES NO	1808 Marymont F	Road
SYL.	within within day	14. FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN I	NAME	LAST
MA	p idus 150		Unknown	MIDDLE		nknown	[A3]
M.	Secution of the secution of th		VAS DECEASED EVER IN U.S. AR		SECURITY NO. 17 INFORMANT	ADDRESS	
WO	n ond o Pages	(1	(ES, NO OR UNKNOWN) [IF YES, GIVI	225-05	-3438 Mary Brisco	e (Daughter) same a	as #13
T.	e be		18 CAUSE OF DEATH Enter or			e (Baagiioti) baile	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
80	ficat pap pap novo ent,		PART I. DEATH WAS CAUSE	D BY:	IFII MONIACL	LUNG	SETWEEN ONSET AND DEADS
ST.,	ng F bon		1/6/DIMMEDIA	TE CAUSE (0)	L WILLIAM TO	,	70115
Į,	ath end) n, a	7	706	DUE TO, OR AS A CONS	ESUENCE OF WIFE 17 STILL	LUNG DISTASE	YEARS
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DIVISION OF VITAL RECORDS, 201 W. PRESTON	that d by lease iol, cri	7	onderlying coose lost	(c)			
5,2	gne en p bur		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVEN	N IN PART TO
ORD	requence since or to y inju	101	General	ZED (PITTER	165CLEVOSES		
ECC	S on	D.	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED		WERE FINDINGS USED NG CAUSES OF DEATH?
AL B	The cion.	CERTIFICATION				YES NO YES	
<u>></u>	SICIAN. T ag physici certificate mial-transi entol Hygi ftem 18 sh	S	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE		DAY YEAR 216 HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18, PAR	T I OR PART 2)
PO	g p erruf	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	NID .	19		
ON O	HYS ndin his o	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	211 LOCATION	CITY OR TOWN	COUNTY STATE
VIS	G P afte after the state of the	×.	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	Price, PARM, ETC.)	CIT ON TOWN	SIAIL
۵	DIN or Se a		22a I certify that (I) (this haspi	tal) attended the deceased fr	om FUD. 23 19 8	10 Felo. 26. 15	SI, that (I) (we) lost
	TEN TOR Or used High	1	sow the deceased alive on	Feb. 76	. ond that in (my) (our) opinion	on death occurred on the date and hour o	and from the couses stated
	REC REC ppt. eem		22b. SIGNATURE	thew the body ofter death.	DEGREE		22c. DATE SIGNED
	the h tache e Dep		10TAL	11. Finny	ATTENDING	MEDICAL STAFF	Fob 26, 1989
	HOSPITAL ined by the FUNERAL wild be detected to the Store CORTANT: I		274 PHYSICIAN'S NAME ITUES	a solve	PHYSICIAN 122e ADDRESS	DIRECTOR PHYSICIAN	11-01-071001
	O S D D E &	1	Cezar A. L			- 01-111	14.1
-	TO HOS TO FUN Should to					e Phillip Dr., Olno	ey, Md.
30	20,5	23a B	SURIAL, CREMATION, REMOVAL	23b. DATE	231 NAME OF CEMETERY OR CREMATOR	CITY OR TOWN	OUNTY STATE
	BP		buriai	3-2-81	Lincoln Park Cemete		
	DHMH - 16 60M 1/75		UNERAL DIRECTOR	246 N. Washi	Ington Street M	PATE REC'D. BY REGISTRAR 256. REGISTRA	AR'S SIGNATURE
	(VR A 15 (4))	(6	eorge R. Snowde	n Rockville, N	1d. 20850		1

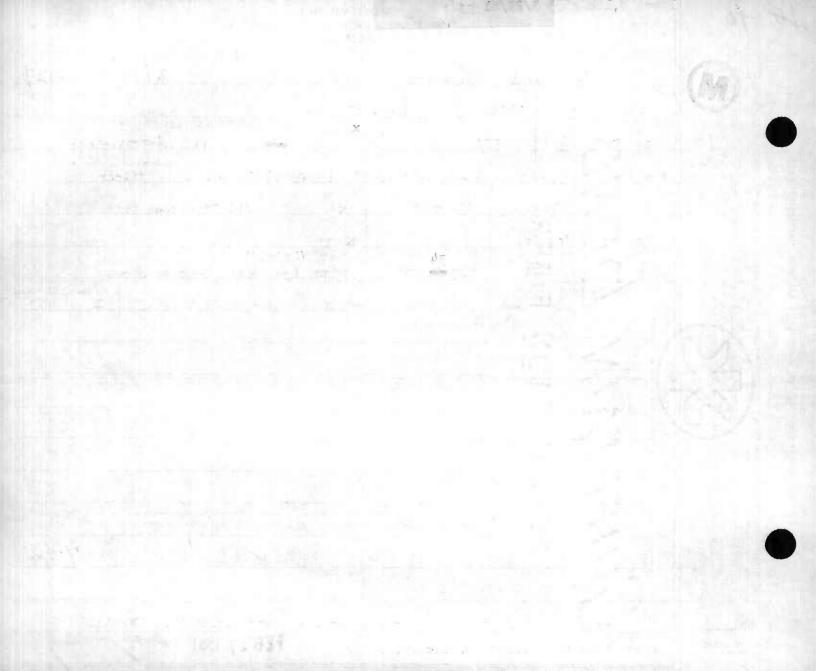
ald black or. 15, 1885 Construction of the Constr Md. Longo Stiven Soring Lead lary your Longo Language Longo Language Longo Lon 225-15-3438 |bey driscon (counter) same as #13 The Application of the south and their south and a south and Gurdal 4-2-1 Lincoln Park Cemetery Rockyille, Conto. Ud.

Rounde L. Snorth Fine Hill County County

	1	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 1 O	5 3 7 9
ь ф ф		CEASED NAME FIRST ROBER	RT N. JOR	D QN	FEB • 06 198	L YEAR 26 HOUR 2250 M
ge 4 may	3. SE	MALE	A. RACE NEGRO	SEPT 23 L'943	6. AGE (IN YEARS LAST BIRTHDAY) 37 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
leath. Page in 72 his	WA	DO NOTONIHZ	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNT MONTGOMERY	Y OF DEATH
by the fulled with	7	BETHESDA	11. NAME OF HOSPITAL, NURSIN	DORMEDICAL CENTE	R ACT NAVY	12b. KIND OF BUSINESS OF INDUSTRY
s within 24 hou pletely filled in nd 2 should be	14. F.	ATHER'S NAME FIRST	OTHER INSTITUTION GIVE RESIDENCE BEFORE ITY 13a. CITY OR TOWN		ME MIDDLE	BUENA
e e e	16a.	OBERT WAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b. SOCIAL SECU	VIVIAN RITYNO. 17 INFORMANT	^PPAEPPYL	JEFFRIES AND RD.
be executed on and of s. Pages		YES DAPS	-PRES. 579-54-	9509 MRS. JORD	N BX . 20 VALLE	Y LEE MD - 21 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
quires that the dec signed by the atte hen please remove to burial, cremation qury, or ather traus	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT C	(b) DUE TO, OR AS A CONSEQUE	NCE OF	MINAL DISEASE OR CONDITION G	VEN IN PART 1(0)
no. has been permit. T ine prior i	CERTIFICATION	190 DATE OF OPERATION 05 FEB - 81		OPERATION WAS PERFORMED A NEURYSM/AVM	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? 'ES V NO
SICIAN: 1g physical		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER)	TH HOUR A.M. MONTH DA	19	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
or attending PHYS or attending After this east he bu	MEDICAL	21d INJURY OCCURRED WHILE OF WHILE OF AT WORK OF AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA		CITY OR TOWN	COUNTY STATE
OR ATTEND OR ATTEND OR ACTEND		22a I certify that N (this hospit sow the deceased a ve an above, N (we) (did) (did not 22b. SIGNATURE		DEGREE	death occurred on the date and ha	22c. DATE SIGNED
HOSPITAL sined by th FUNERAL sould be dett th the State		22d PHYSICUA'S NAME (1996 OF	VEST RAY	PHYSICIAN [DIRECTOR PHYSICIAN	1 FEB 81
BP		BURIAL, CREMATION REMOVAL (SPECIFY) Bucia		ame of CEMETERY OR CREMATORY	23d LOCATION CITYORTOWN Silver Sprin	
DHMH-16 30M 2/80 (VRA 15, 4)		UNERALDINARI NAME CHORNTON FIINF	RAI HOME CHARI	FS CO MD	REE'D BY REGISTRAR 256 REGIS	SERAR'S SIGNATURE







-	- 8
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ATTENDING PHYSICIAN: The law requires that the death certificate he executed within 24 hours after
	PCDITA
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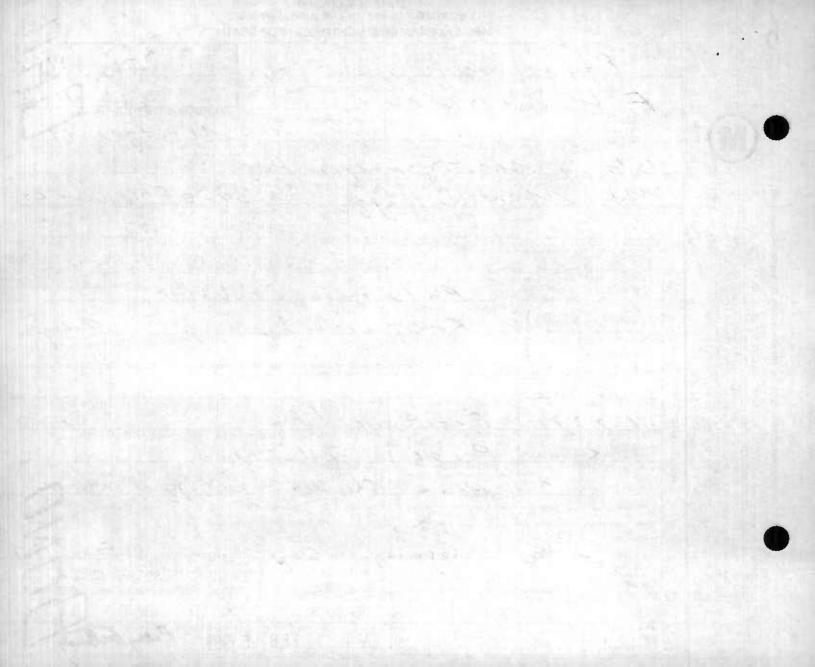
	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		5 3 8		
		CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR , 26 HOUR		
E 4	ТҮР	OR PRINT) LILLI	AN	5 548 5.30				
-	3 SE		4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24		
ouce		FEMALE	WHITE	SEPT. 26, 1890	90 YRS			
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ipletely d 2 sho	14 F	ATHER'S NAME FIRST	MIDDLE HAST	R 15 MOTHER'S MAIDEN NA	UNKNOWÑ ^{DOLE}	LAST		
certificate be execu g physician and com n papers. Pages 1 an removal.	16n \	VAS DECEASED EVER IN U.S. AF YES, NO OR UNXNOWN) I IF YES, GN	RMED FORCES? 16h SOCIAL SEC REWAR OR DATES 155-12-		ADDRESS 34	21 77th. Stre GT., NEW YORK		
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MAN: The law clan. Ificate has been ificate has been insit permit. The Hygiene prior in 18 shows an in 18 show		21a ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR		FYING CAUSES OF DEATHS ES NO PART 1 OR PART 2		
ENDING PHYSICIAN: The or attending physician. A. After this certificate has I be as the burial-transit permit lealth and Mental Hygiene prise as the control of the marked or Item 18 shown	MEDICAL	OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTEY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		19 ZII LOCATION	CITY OR TOWN	COUNTY STAT		
F = F = 2			ital) attended the deceased from 2/23 19	3/30 19/76 81 , and that in (my) (our) opinion	, to 2/24 death accurred on the date and how	1981, that (I) (we ur and from the causes state		
TO HOSPITAL AN A TO FURBLE AND HOSPITAL AND TO FURBLAL DIFFORMANDIA BY AND THE AND T		SIGNATURE NON/RD	B. Dua	DEGREE ATTENDING ATTENDING A	MEDICAL STAFF DIRECTOR PHYSICIAN	2/24/81		
TO HOSPITAL retained by the TO FUNERAL Is should be detact with the State E IMPORTANT:			S B. ABRAMS		ACHUSETS AVE N	W WASH. D.(
BP	23a.	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL		NAME OF CEMETERY OF CREMATORY YPRESS HILLS CEM.	236, LOCATION CITY OF TOWN BROOKLYN	COUNTY STATE N Y		
DHMH-16 25M (VRA 15, 4) 1/79	24 F	DERAL DEN ZANSKY-1 MEMORIAL CH	GOLDBERG ADDRESS	ROCKVILLE, MD. 250 DA ROCKVILLE PIKE FFF	TE REC'D. BY REGISTRAR 256, REGIS	TRAR'S SIGNATURE		

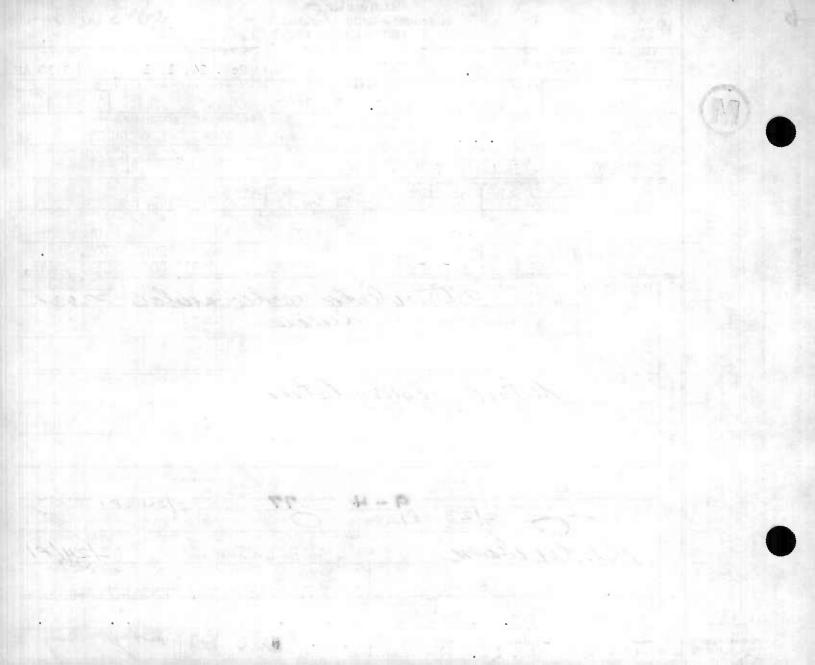
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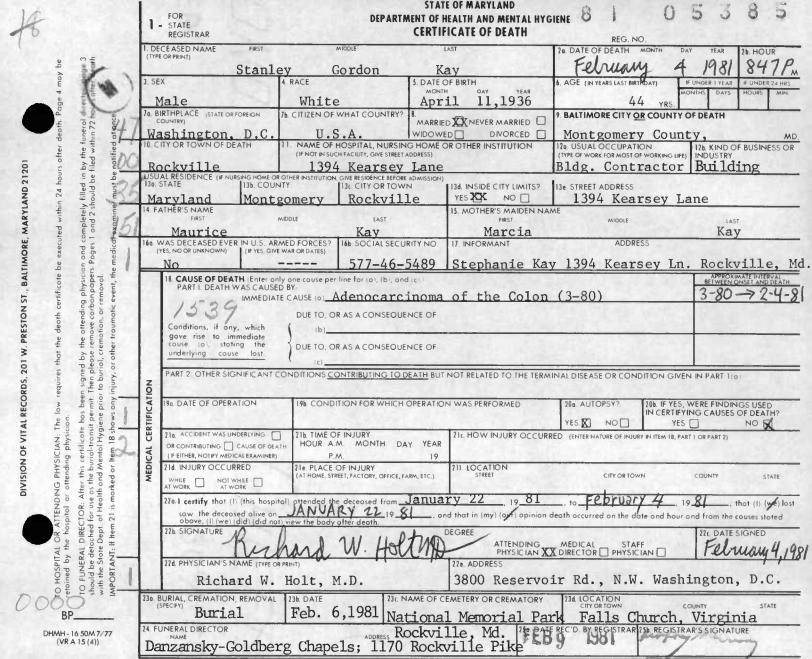
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STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN DO (TYPE OR PRINT) OF ESTI-DEATH MATED DATE LAST BIRTHDAY) PRONOUNCED MARRIED NEVER MARRIED COLORADO HOMEMAKER 4. FATHER'S NAME MIDDLE WOOD SMITH 17. INFORMANT ADDRESS 16h SOCIAL SECURITY NO. SAME AS 13 HUSBAND RODGER R. KAUFFMAN 230-40-3758 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c onditions, if ony, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 20 AUTOPSY? AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Accident L death resulted from: Homicide Undetermined manner TITLE (SPECIFY) SEMINARY ROAD, SILVER SPRING, MD. 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY ROCKVILLE MONT PARKLAWN CEMETERY BURIAL 2/4/81 24. FUNERAL DIRECTOR FRANCIS J. COLLINS 25a. DATE REC'D. BY REGISTRAR 25b. DISTRAR'S SONATI **DHMH - 17** FEB 500 UNIV. BLVD., W., SILVER SPRING, MD. 20901 (VR A15 ME (5)) 15M 7/76







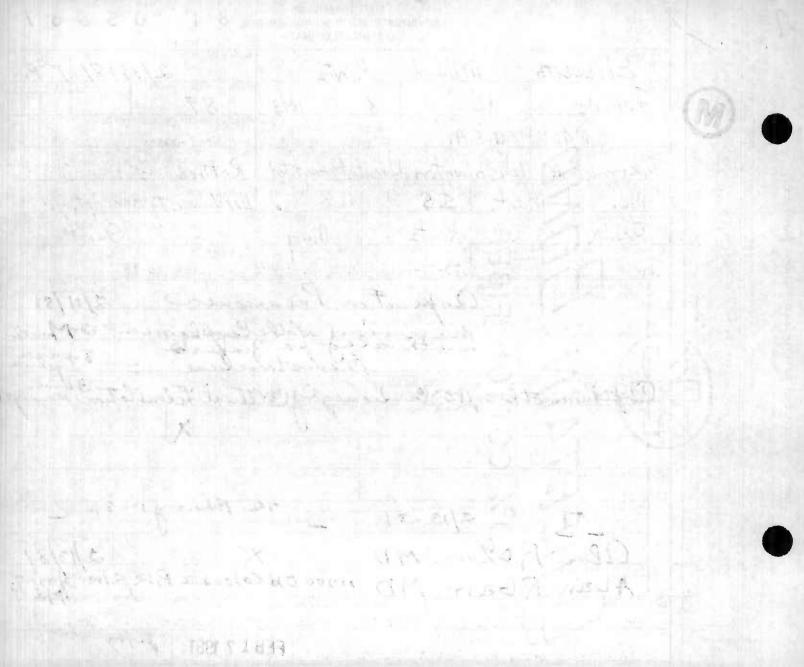
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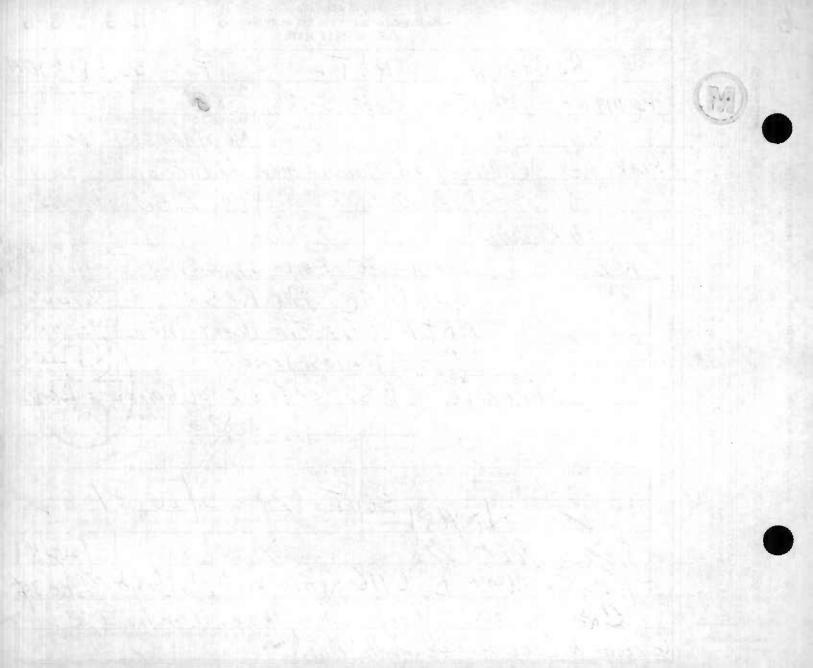
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Poge 4 mo	(M)	3. SE	Temale RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY	5. DATE OF BIRTH	1893	AGE (IN YEARS LAST BIRTHDA	YRS DAYS	IF UNDER 24 HRS HOURS MIN.
r deoth.	1		TY OR TOWN OF DEATH	U.S.A.	MARRIED NEVER	MARRIED XX	Montgome		MD.
1201 ours offe	the notify	J	Koma Park	(II NOT IN SUCH FACILITY, DIVE STREET	Adventist Ho	spital	Retired S	ecy Bank o	irst Nat
ARYLAND 2120	shoots 1935	13a S	THER'S NAME	ont. 131. 55.80	WN 13d. INSIDE C	NO () 'S MAIDEN NAME	Street ADDRESS	Bhd. Apt.	1305
E, MARY	15		Frank VAS DECEASED EVER IN U.S. AR	MIDDLE KINTZ	M	FIRST	Ann	Swift	U
LTIMOR be exec	our and rt. Pages he medic	1	(IF YES. GIV	579-07-	6015 Mary F	R. Lewis	Sister ADDRESS Same a		AAYE ISIYEBIYAL
ST., BA	ng physic bao papa rambeal c mem, i			nly one cause per line for (a), (b), a ED BY: TE CAUSE (a)	ration to	neum	ana	BETWEEN O	MATE INTERVAL INSET AND DEATH
PRESTON he death o	e ottendi move cor notion, or troumoti		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUENCE (b)	ence of I	fother	Enplage	10	Mouths
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RECORDS, 3	nit. Then prior to bu	NO!	Left Treus	thoras CONTRIBUTING TO	DEATH BUT NOT RELATED	ey 30	trial teles	elletion	Brahn Bamaryl
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A ATTEN	RECTOR: sed for us pt. of He em 21 is		sow the deceased alive on	RILA	- 1) (our) opinion dec	oth occurred on the do		ouses stated
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3 ON OK	retoined by TO FUNERA should be de with the Stot	230-5	A Lan A	236. DATE 236	NAME OF CEMETERY OR		1234 LOCATION	FC Silver	mang.
	BP		Burial	Feb. 16, 1981 F s J. Collins DDRESS		Cemeteru	CITY OR TOWN	Pr. Geo	Md.
DHAI	H-16 30M 2/80 VRA 15, 4)	50	O University Bl	S. Colling DDRESS P. C. W. Silver	Spring, Md.	FEB	1 7 1981	Lien	/



STATE OF MARYLAND



STEIN HEBREW MEMORIAL FUNERAL HOME

CARROLL STREET, N. W. WASHINGTON. D. C.

FOR STATE

DHMH-16 30M 2/80 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

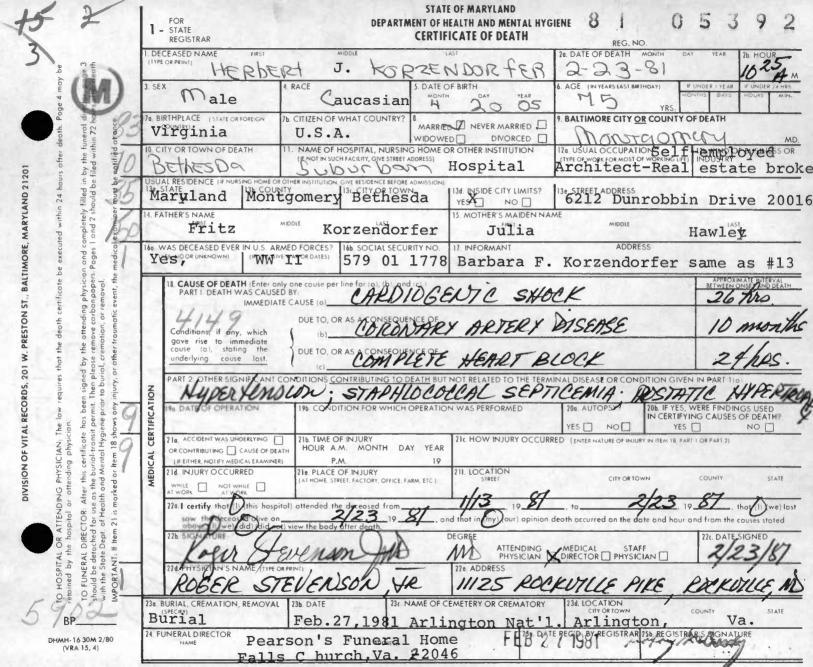
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nay be page 3 death		EASED NAME FIRST JOHN		ANTHONY	LAST KC	ERBER	REG. N 2ª DATE OF DEATH FET3	MONTH DAY	YEAR 2b HOUR	P14
4 may tor, pag fter de fter de	3 SEX	male	4 RACE Cauc		5. DATE OF B	DAY YEAR	6 AGE IN YEARS LAST BIR		UNDER I YEAR IF UNDER 24	I HRS
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ORDS, 201 W. PRESTON ST., law requires that the death cert seen signed by the attending ph Then please remove carbon pa ior to burial, cremation, or rem any injury, or other traumatic		Conditions, if any, which gove rise to immediate couse 101, stating the underlying couse last.	DUE TO, OR (c)	AS A CONSEQUE AS A CONSEQUE WIRIBUTING TO DI		GUERO				
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TENDING PH or attending OR: Affer this use as the buring Health and M		MHILE NOT WHILE AT WORK		ET, FACTORY, OFFICE, FAI	RM, ETC.)	LOCATION	CITY OR TO	wn	COUNTY STATI	E
ATTE		20.1 certify that (1) (1) hospi sow the deceased alive an above, (1) (2) (did) (did) or 21). SIGNATURE		19	S. ond the	nat in (pur) opinion	death occurred on the d	ote and hour o	nd from the couses state	
TO HOSPITAL OF ATTE retained by the hospital or TO FUNERAL DIRECTO should be detached for use with the State Dept. of He IMPORTANT: If Item 21		22d PHYSICIAN'S NAME ITYPE O	The same of the sa	So	3 m	ATTENDING PHYSICIAN ADDRESS	MEDICAL STA DIRECTOR PHYSIC	FF CIAN	FEB18,	1981
TO HO TO FU should with th	23a BL	WHCTER		002H 4	AME OF CEM	1309 SH	23d. LOCATION CITY OF TOWN) KD	WHEITTO	U MI
BP		BURIAL	2/20/8		OAK LA	UN CEMETERY	BALTIMOR	E COUNT	Contract of the contract of th	YLAM
DHMH-16 25M (VRA 15, 4) 1/79			S J. COL	LINSRESS SPRING.M	ARYLAN	-	B 2 0 1981	Roy	Hebrody	

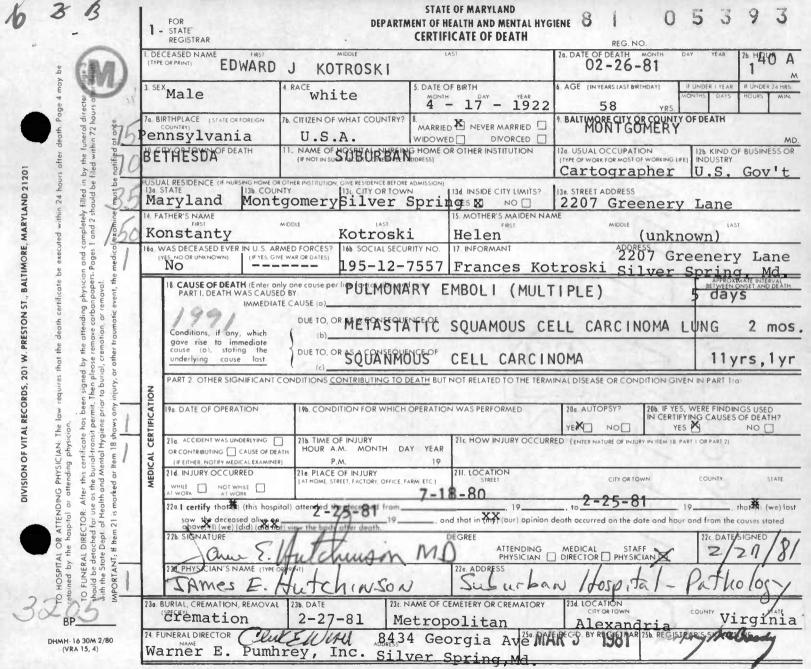
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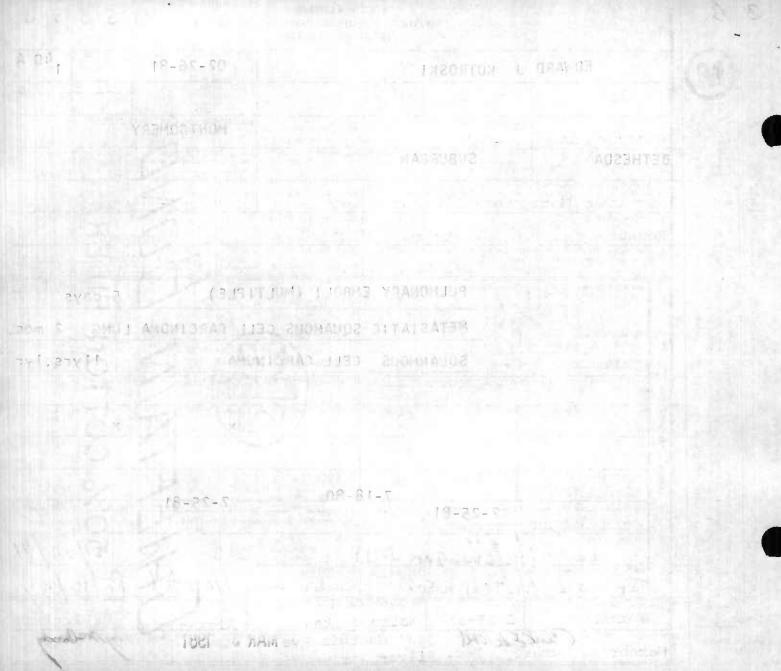
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BI		74 F	BURIAL UNERAL DIRECTOR		FEB. 2		HAR-JE YCKVII	HUDA (E, MD.	CEMETER 250 DAR		DOWN	Sh REGIST	AR'S SIGNI		Α.
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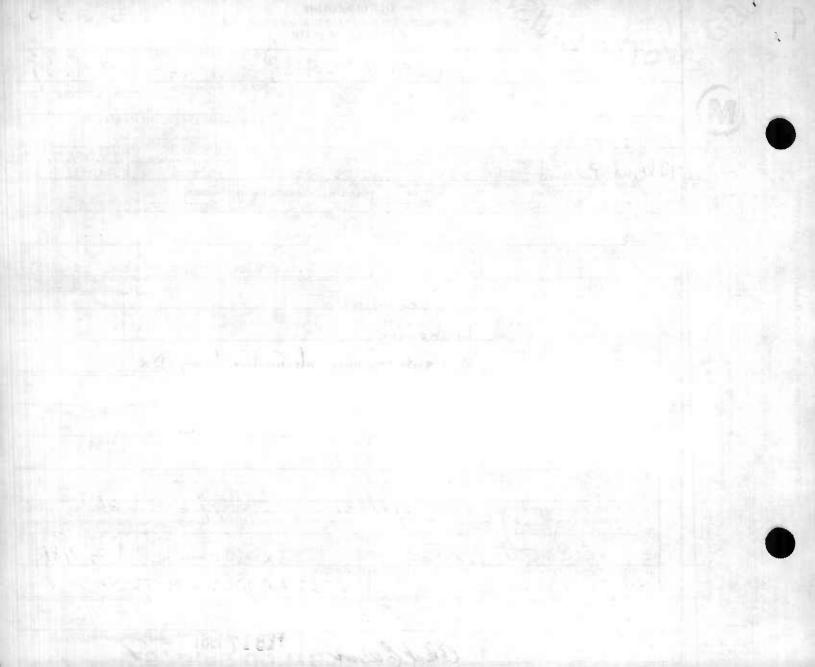


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L	11.	FOR STATE	DEPART	WENT OF HEALTH AND MENTAL HY	GIENE Ö	1 2 2 7 9
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		CEASED NAME FIRST	MIDDLE	LAST	28. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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may may	3 SE		4 RACE	S DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	# UNDER I YEAR # UNDER 24 HRS
age Age		Male	WHITE	JAN - 16 -1900	81 YRS	MONTHS DAYS HOURS MIN
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the function within	10 C	ITY OR TOWN OF DEATH		G HOME OR OTHER INSTITUTION	12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR
by the led with best be	TA	KOMA PARK		VENTIST HOSPITAL	ENGINEER	TREPHONE CO.
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NO 24 n 24 ld be		STATE 136 COUN		4 5 . 5	1017 Paulibare	YILL ROAD
within Swithin Should should	14 F	MRYLAND MONT	Gomery Silver Sp	15 MOTHER'S MAIDEN NA		AICC KOND
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T., BAL physici papers emoval tic even		18 CAUSE OF DEATH (Enter on PART 1. DEATH WAS CAUSE	nly one cause per line for (o), (b), on	dichi 1		BETWEEN ONSET AND DEATH
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arte de crition		Conditions, if any, which	DUE TO, OR AS A CONSEQU	chous of lier		Tears.
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by by		underlying couse last.	(6)	ince of		
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S bee	1 \$	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF Y	ES, WERE FINDINGS USED
The The	I SI	10 a St.			_ ^4/	TIFYING CAUSES OF DEATH?
AN ANN an.	CERTIFICATION	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	121c HOW INJURY OCCUR	RED JENTER NATURE OF INJURY IN ITEM 18	
SICt, Nysici,		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D.	AY YEAR		
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DIVISITION THEORY		AT WORK				
OR OR Hea			ottended the deceased from_	JAN 25, 19 81		. 19 X that (I) we ast
AT Dital		above the deceased olive on	FEB 2 19	ond that in (my) (aur) opinion	death occurred on the date and he	our and from the causes stated
hose hose		276 SIGNATURE	\ / / /	DEGREE		22c. DATE SIGNED
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213	24 ho ed in be fil	E-)	USU 13e	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFO		S? 13. STREET ADDRESS	
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3	with tely sho	вха	14 F.	THER'S NAME	AIDDLE LAST	15. MOTHER'S MAIDEN	NAME	
MA	omplet	150		John	Landenb		L.	Schrenk
Ä,	0 0-	a e	16a '	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SEC		(wife) ADDRESS	DUILLIA
WO		i he	1	YES, NO OR LINKNOWN) (IF YES, GIVE WW	WAR OR DATES) 183-05	-3805 Ruth H.	Landenberger - (same as 13e)
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RES	it the des	other		Canditions, if any, which gave rise to immediate	(b) LENRE	MIN		
*	tha by t	č		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEON	JENCE OF CHYOMIC Shi	Fructive Lung Dx	
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000	as be	S S	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATION WAS PERFORMED		S, WERE FINDINGS USED FYING CAUSES OF DEATH?
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90	PHYSIC og physic this cert urial-tra Mental	or Item		OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	TH HOUR A.M. MONTH	DAY YEAR		
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	FE FRE	21		saw the deceased alive an.	2 6 19	and that in (my) (our) api	nian death occurred on the date and have	
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	SPITAL by the ERAL e detac State [Ž		/ 1/4	MA MANS	PHYSICIA	N DIRECTOR PHYSICIAN	2/7/8/
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2	950		230	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATO	CITY OR TOWN	COUNTY STATE
0	BP	-		Cremation		etropolitan	Alexandria	Virginia
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	(VRA 15, 4)		84	134 Ga. Ave.,	S.S. Md. Ct	& Galean		



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE I. DECEASED NAME 20. DATE KNOWN A MONTH (TYPE OR PRINT) OF ESTI-Marion P. Langdon DEATH MATED 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE DAY YEAR 2d. HOUR AST BIRTHDAY PRONOUNCED 1981 female 12/17/12 white 68 2/14 DEAD YRS 7a. BIRTHPLACE (STATE OR 16. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Minnesota United States WIDOWED XX Montgomery County DIVORCED . 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY Secretary Check Bethesda, Md. Suburban Hospital Verification USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY Chevy Chase 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Montgomery 4743 Bradley Blvd. NO [14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Alice Hardley John K. Peake 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 4743 ABPESdlev Blvd. #202 (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Chevy Chase, Md. No 578-32-3636 Victoria Coleman CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY iciency DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TWENT OF TO BURIAL, YES . NO K 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL E 3 SHOU CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection 22a. I certify that I taak charge of the remains described above, held an Autopsy and in my apinian MARYLAND, TO MEDICAL EXAMIN

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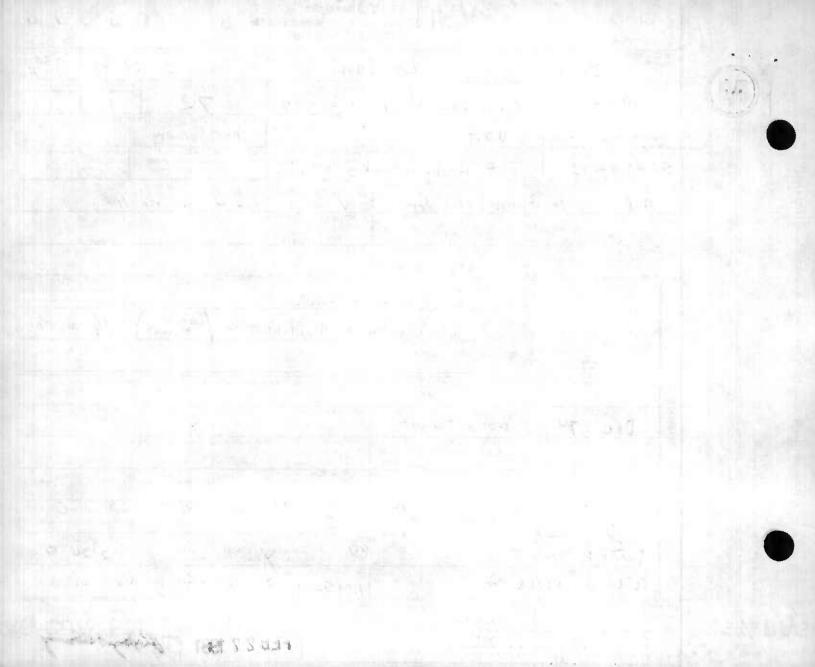
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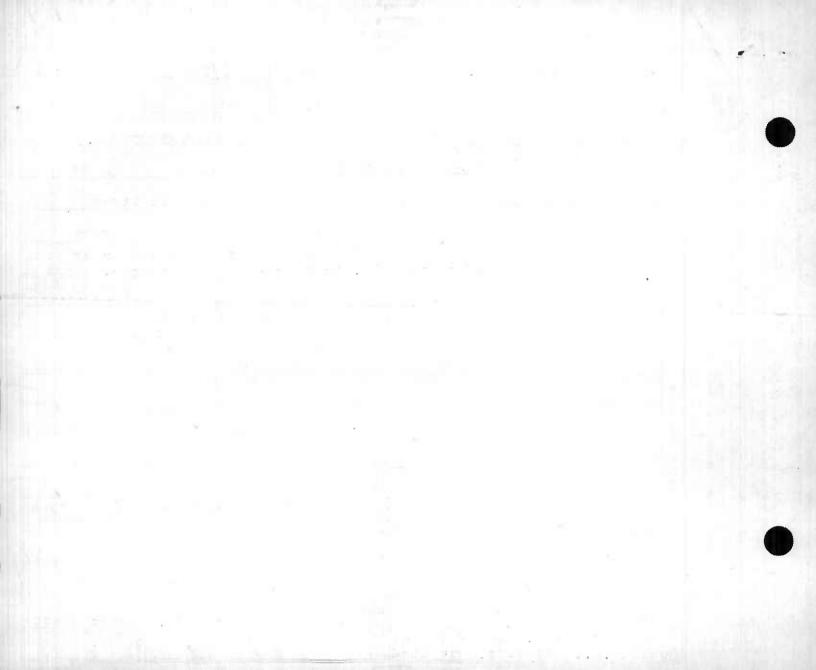
BALTIMORE, MARYLAN death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER 7936 Old Georgetown Rd. Bethesda, Maryland EXAMINER'S NAME John G. Ball (TYPE OR PRINT) 230.BURIAL, CREMATION, REMOVAL 231. DATE FEBRUAR Burial 18, 1 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Mt. Olivet Cemetery Washington. D.C. BP 24. FUNERAL DIRECTOR Robert A. Pumphrey Funeral **DHMH-17** (VR A15 ME (5)) Bethesda, Maryland Homes. 15M 7/77

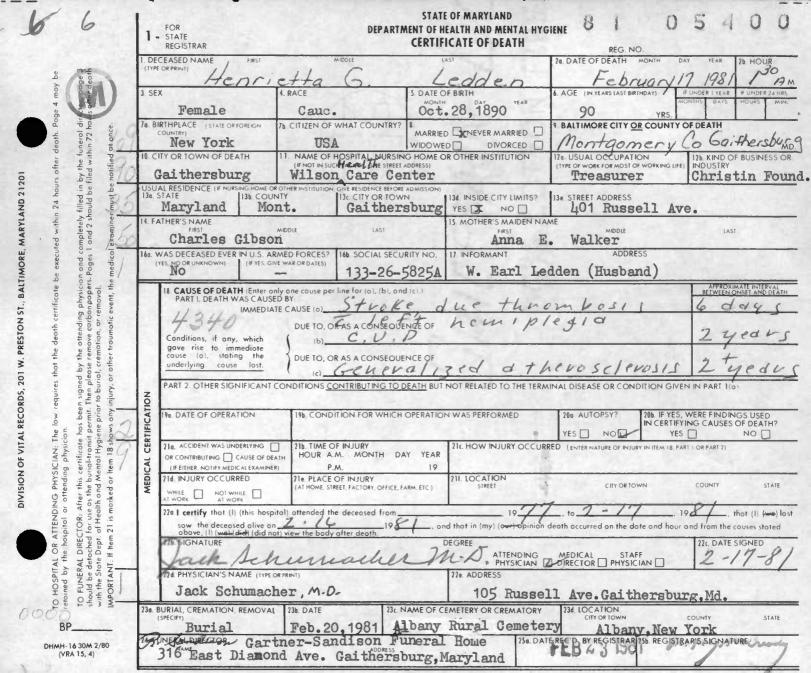
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 1. DECEASED NAME 20 DATE OF DEATH MONTH YEAR 2b. HOUR TYPE OR PRINTS Gladys /28/81 L0:25 M M. Lawrence 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE IIN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR DAYS HOURS Female Caucasian 11.1900 January To. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVERMARRIED COUNTRY) United State \$ wIDOWED KI Montgomery Co Massachusette DIVORCED [10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17ª USUAL OCCUPATION 176. KIND OF BUSINESS OR F NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bethesda Suburban Hospital Housewife Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13. STREET ADDRESS 4012 Marvland Montgomery Kensington Everett Street NO [14 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE LAST Morril1 Annie Ralph Brown ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Reverend Albert 10022 (YES, NO OR UNKNOWN) Briar Rose I IF YES, GIVE WAR OR DATES) No 213-50-3940 Lawrence Houston APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), 1b1, and/c1.1 PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stoting DUE TO, OR AS A CONSEQUENCE OF lost underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 200 AUTOPSY? 20h, IF YES, WERE FINDINGS USED 1% CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOM YES T NO [] Mentol Hygie 216. TIME OF INJURY 71a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 s HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSIC PAA 214 INJURY OCCURRED 211 LOCATION 20 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on and that in (any) (our) opinion death occurred on the date and hour and from the causes stated did hat) view the bady after dear Dept. 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 774 PHYSICIAN'S MAME (TYPE OR PRINT 22e ADDRESS ld b £ 236 DA Earch 23a. BURIAL, CREMATION, REMOVAL 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION SPECIFY) CITY OR TOWN COUNTY Burial Massachusetts Cemetery Fitchburg. 14 FUNERAL DIRECT Robert A. Pumphreyess Funeral 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH-16 20M (VRA 15, 4) 7/7B Homes P.A., Bethesda, Maryland





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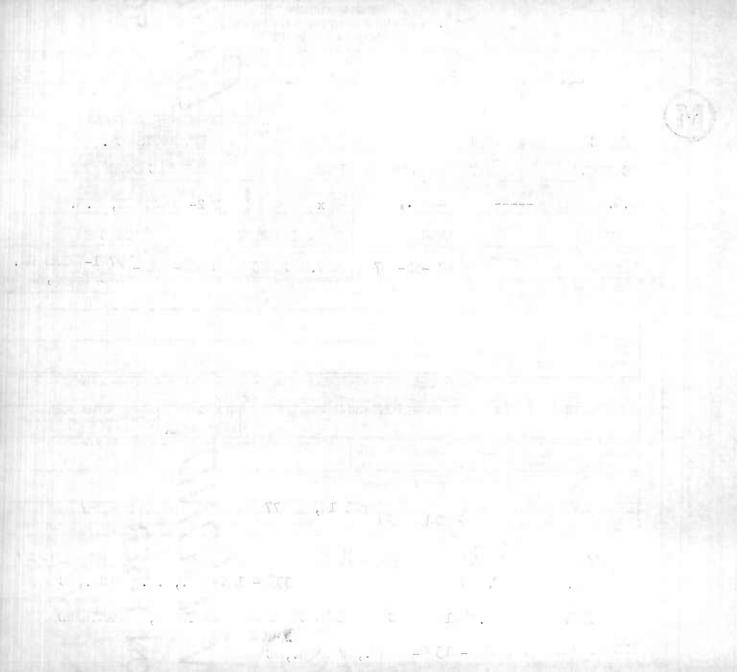
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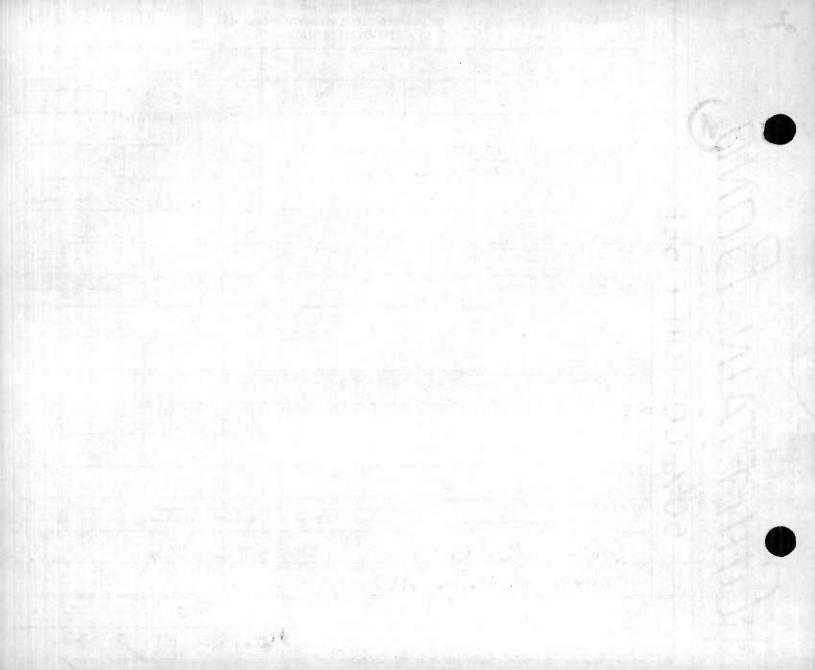


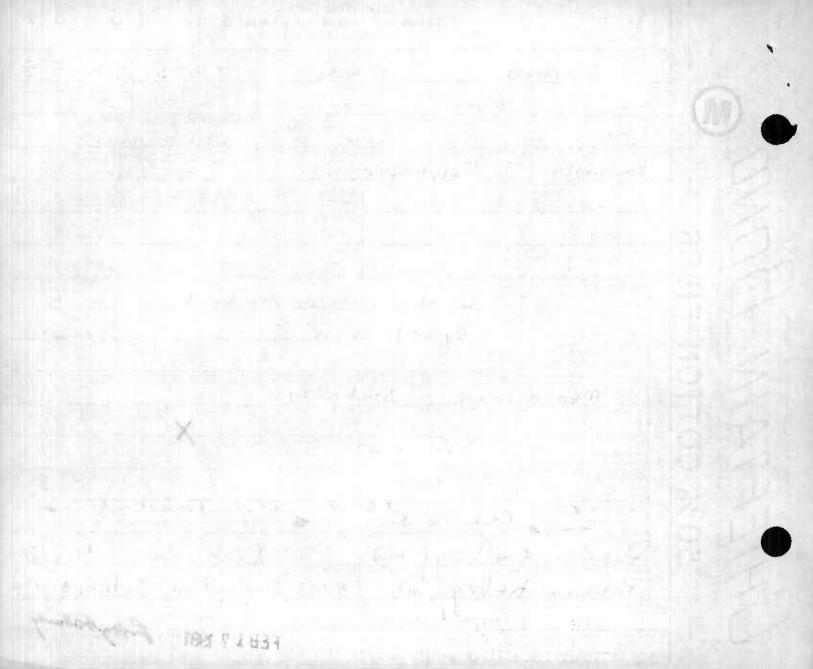


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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME LAST 28 DATE OF DEATH MONTH DAY (TYPE OR PRINT) 2-1.5-81 2z21. Andrew LOWI" V 4 RACE 3. SEX 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS Male 13lack MONTH AONTHS DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) IISA Mont . County WIDOWED DIVORCED [IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 12h KIND OF BUSINESS OR (MANOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Takoma Retired Met. Police Adventist Hospital ashington USUAL RESIDENCE (IF NURSING HOME 13c CITY OR O 13e STATE INSIDE CITY LIMITS? 13e STREET ADDRESS 0000 Alleghenv Avenue NO [YES 3 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME V Lowry MIDDLE LAST Amy Anderson LAST Andv 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17 INFORMANT Allegheny Ave (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), opd icus PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? NO NO T YES [710 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART T OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNT STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased fram. saw the deceased alive an to book (I) (we) (did)(did not) view the body after death and that in (my) four) opinion death occurred an the date and hour and fram the causes stated 22c DATE SIGNED 22b. SIGNATURE DEGREE **ATTENDING** MEDICAL STAFF State PHYSICIAN DIRECTOR | PHYSICIAN PORTA 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS d be ary shoul with 23t NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL CREMATION, REMOVAL 236 DATE STATE Suitland. Maryland ncoln Cemeterv 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH-16 25M** KENNELY ST. NEW (VRA 15, 4) 1/79

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME O DATE KNOWN ID (TYPE OR PRINT) ESTI-DEATH MATED 19 8 SEX 4 RACE AGE (IN YEARS | IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE MONTH LAST BIRTHOAY PRONOUNCED 85 YRS DEAD 22 10 8 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED [DIVORCED MONT GOMERLY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! **OR INDUSTRY** CHEVY CHASE OME MAKER USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONAL 130. STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 113e. STREET ADDRESS CITY OR TOWN MONTGOMERY CHASE YES M NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE JENETTA 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) HUSKAND RUSSELL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ACCIDENI EREBRO VASCULAR IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which HRTERIOSCLEROSIS gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to WEEKS 19a DATE OF OPERATION 9b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 9 BURIAL YES NO I BE 210 EXTERNAL CAUSE-WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING POR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH TIE. PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f. LOCATION WHILE AT WORK AT WORK iMa 22s. I certify that I taak charge of the remains described above, held an and in my apinian death resulted fram: Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, BALTIMORE, MA MEDICAL EXAMINER SIGNED EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 981 Metropolitan Crematory BP. Cremation Alexandria Virginia 24 FUNERAL DIRECTOR Pumphrey Funeral 250. DATE REC'D. BY REGISJRAR 254 DHMH - 17 (VR A15 ME (5)) Bethesda, Maryland 15M 7/77

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CO	DUNTR	U.S.A.	MARRIE		9. BALTIMORE CITY O Monte	RCOUNTY OF DEATH		
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	sow the deceased alive an above, (1) (we) 4dd (did we)	0/0/	9.8/	DEGREE		224. DATE SIGNED		
22d. PHYSICIAN'S NAME (TYPE OR PRINT) Carol L. Bender				ITE. ADDRESS		Rockville, Md.		
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	FAIT W// (YES	BIRTHPLACE (STATE OR FOREIGN TO COUNTY A COUNTY	Female BIRTHPLACE (STATE OR FOREIGN COUNTY K U.S. A. CITY OR TOWN OF DEATH BEYNESCO U.S. A. 11. NAME OF HOSPITAL, NU (JENOLITY SUCHEACILITY, GIVE S SUBURDAN H) U.S. A. 11. NAME OF HOSPITAL, NU (JENOLITY SUCHEACILITY, GIVE S SUBURDAN H) U.S. A. 11. NAME OF HOSPITAL, NU (JENOLITY SUCHEACILITY, GIVE S SUBURDAN H) U.S. A. 11. NAME OF HOSPITAL, NU (JENOLITY SUCHEACILITY, GIVE S SUBURDAN H) U.S. A. SUBURDAN H U.S. A. 11. NAME OF HOSPITAL, NU (JENOLITY SUCHEACILITY, GIVE S SUBURDAN H) U.S. A. SUBURDAN H U.S. A. SUBURDAN H U.S. A. SUBURDAN H U.S. A. SUBURDAN H IN JURY COLUMNY ROCKY ROCK	BIRTHPLACE (STATE OR FOREIGN COUNTY) BIRTHPLACE (STATE OR FOREIGN COUNTY) CITY OR TOWN OF DEATH BEY RESCO CITY OR TOWN OF DEATH BY	BIRTHPLACE (STATE OR FOREIGN TO NEW TO MARKED TO NEVER MARRIED TO NOTICED TO NOTIC	BIRTHPLACE (STATE OF OPERATION CONTROLL STATE OF OPERATION BIRTHPLACE (STATE OF OPERATION CONTROLL STATE OF OPERATION CONTROLL STATE OF OPERATION BIRTHPLACE (STATE OF OPERATION CONTROLL STATE OF OPERATION CONTROL		

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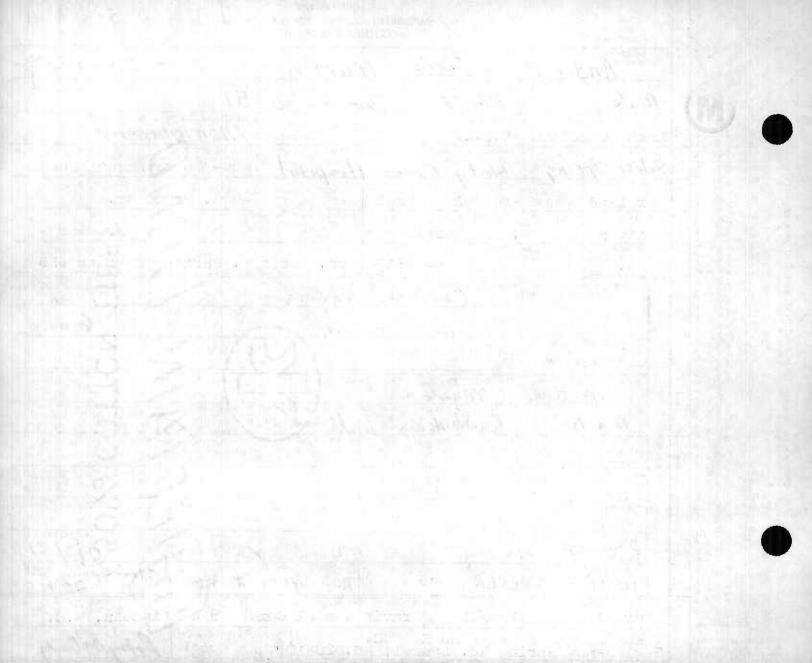
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE 2g. DATE OF DEATH 26. HOUR (TYPE OR PRINT) Marinucci February 1981 Alberto 1:20^p 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER 24 HRS IF UNDER TYPAR Male Caucasian August 16,1914 66 To. BIRTHPLACE | STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Italy U.S.A. WIDOWED DIVORCED | Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Bethesda. Suburban Hospital Hair Stylist Beauty 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland Montgomery Rockville 7067 Wolftree Lane FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Alcesti Marinucci Olympia N/A ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT Ď (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES! 577-56-0342 Ruth Marinucci/Wife(See Item 18. CAUSE OF DEATH (Enter only one couse per line for (b)
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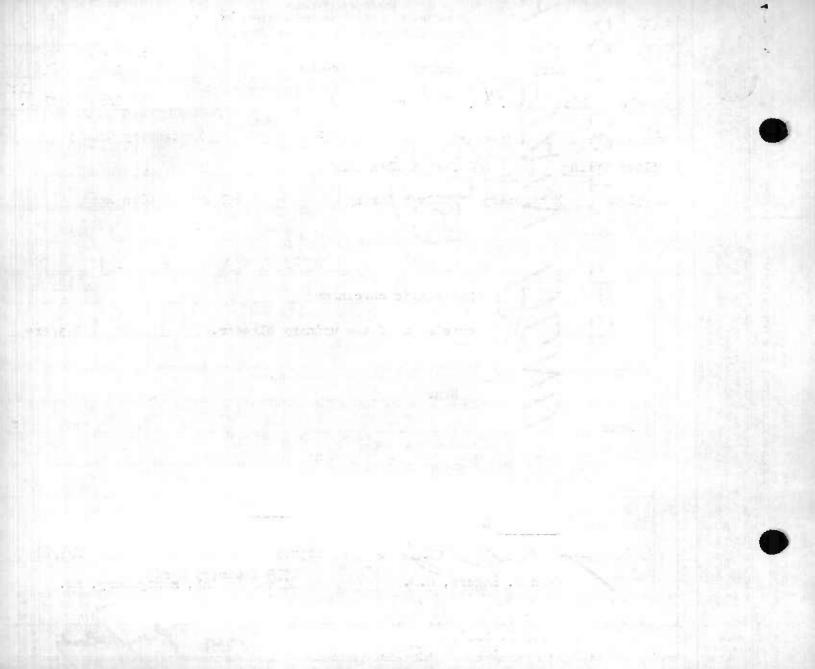
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE I. DECEASED NAME KNOWN 53 (TYPE OR PRINT) OF ESTI-McCabe 81 DEATH MATED Mary Louise 19 TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 PLOURS AFTER USENTE, IT AND TO THE FULNERAL DIRECTOR RECUTE METALGE. WRITHING THE WORD "FRONDING" IN PROILI IN ITEM 18, GIVE PAGES 1, 2, AND 3TO THE FULNERAL DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR YOUR PILES TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72HOUR AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH RECORDS, 201 W. PRESTON STREET BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. 3. SEX 4 RACE IF UNDER TYR. DATE OF BIRT. 6. AGE (IN YEARS IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY PRONOUNCED 19 81 DEAD Female White Feb. 76. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED CONNECTICUT U.S.A. WIDOWED DIVORCED Montgomery County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY 801 Forest Glen Road HOUSEWIFE Silver Spring USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Montgomery Silver Spring 801 Forest Glen Road NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST FIRST HOGAN MARY MEEHAN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 7. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) THOMAS R. MCCABE SAME AS 13 SON 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Metastatic carcinoma IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which carcinoma of the urinary bladder. years gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION None 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO X None 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL None CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 22a I certify that I taak charge of the remains described above, held an and in my apinian death resulted fram Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL DATE 2/9/81 Deputy SIGNATURE MEDICAL EXAMINER SIGNED Seminary Road er Spring, Montgomery, Md. John S. Rogers, M.D. Silver 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE CITY OR TOWN BP PETER CEMETERY DERBY NEW HAVEN BURTA 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR FRANCIS J. COLLINS **DHMH-17** 3 1981 500 UNIV. BLVD. W. SILVER SPRING. MD (VR A15 ME (5)

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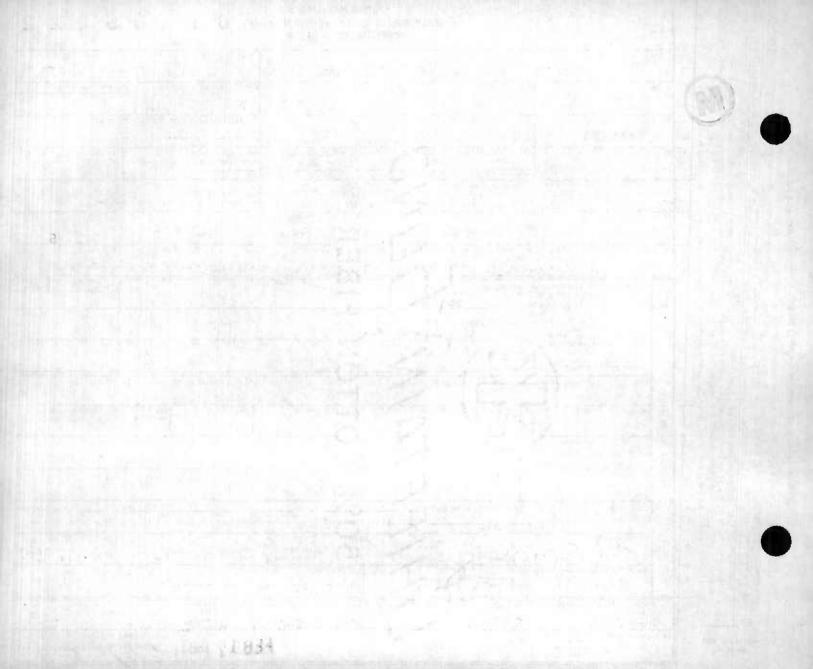
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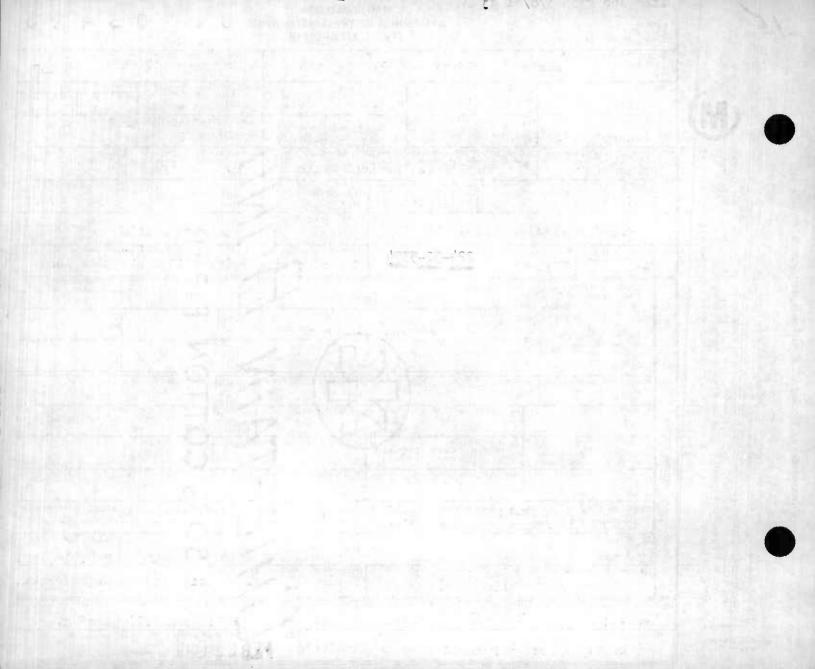
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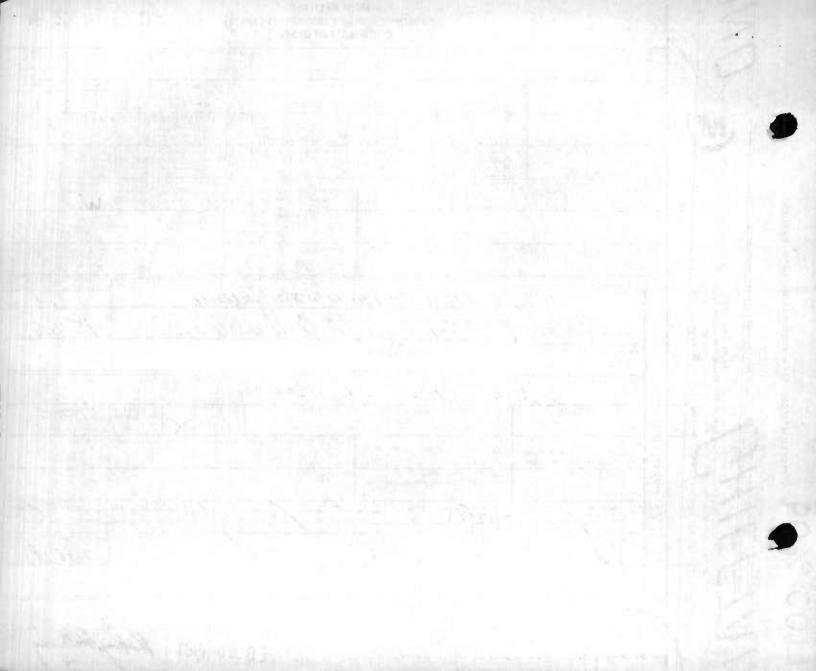
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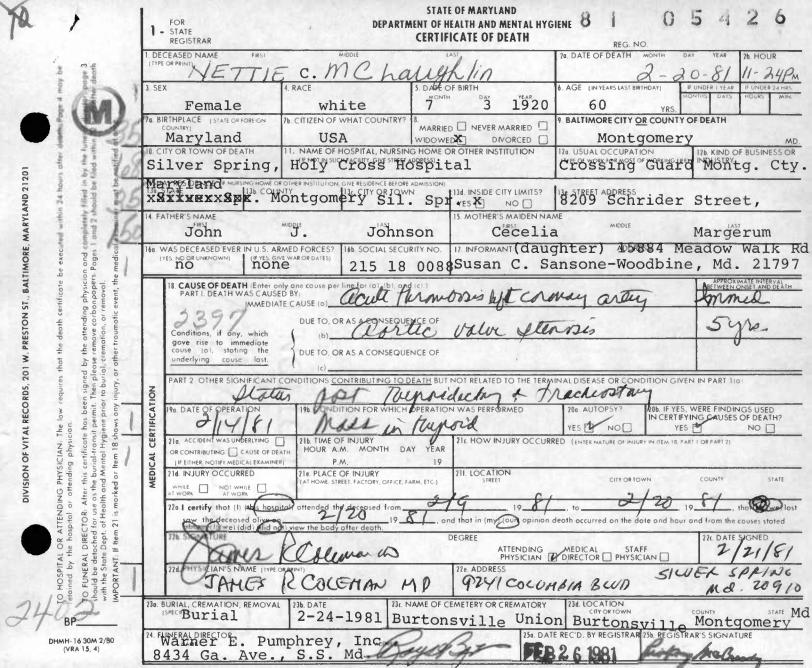


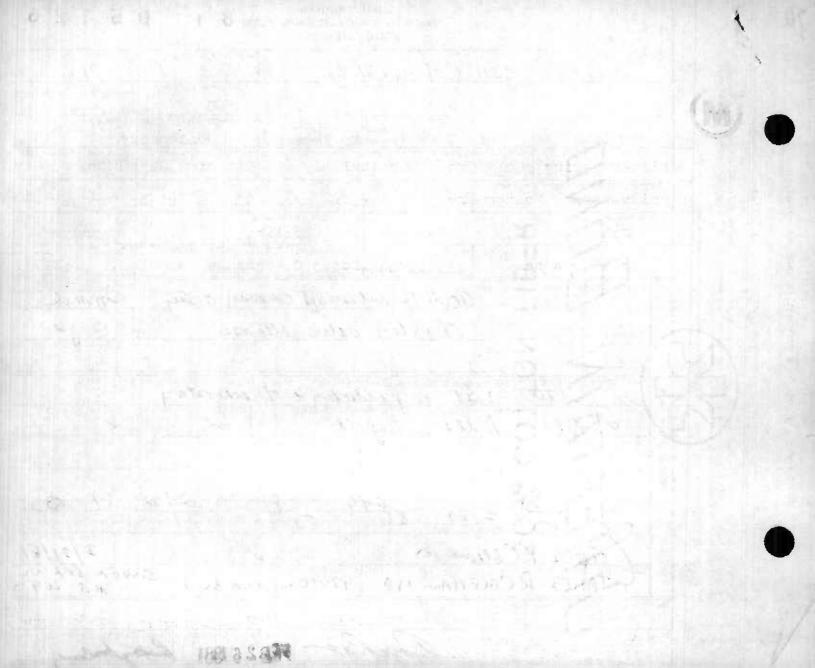
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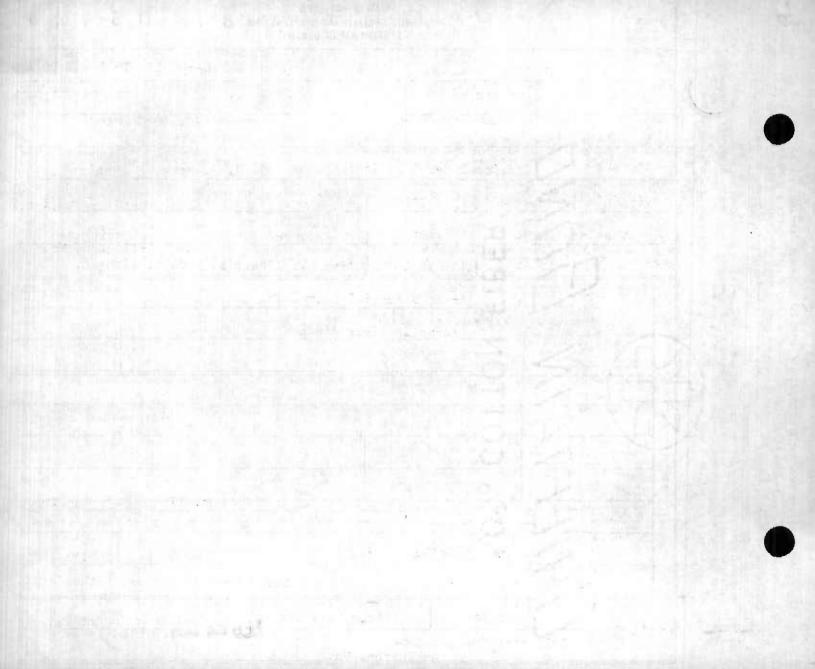




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7		UNERAL DIRECT		ADDRESS		sh. D.C		250. DATE RE	EC'D. BY RE	GISTRAE 13	REGISTR	ERON'S SI	GNATUR		
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	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND LEALTH AND MENTAL HYO LICATE OF DEATH	GIENE 8 REG. N	0	5 4	2 8
= 1		CEASED NAME OR PRINT)	Erne		C.	MILL	er Er	Pebruary	17	1981	25 HOUR 2:00 A
N)	3. SE	^X Male	4	Caucas	ian	Jan	DF BIRTH 24 DA 1930 YEAR	6 AGE (IN YEARS LAST BE	RTHDAY}	IF UNDER I YEAR	IF UNDER 24 HRS
Topoce.		RTHPLACE (STATE OR F COUNTRY) New Jersey	OREIGN 7	L CITIZEN OF	what country? A	MARRIE WIDOWE	D NEVER MARRIED DIVORCED IX	9 BALTIMORE CITY 9	OR COUNT	Y OF DEATH	MD.
Otified		ity or town of DEA Bethesda	TH I	I. NAME OF HOT IN SUCI	HOSPITAL, NURS II H FACILITY, GIVE STREET al Naval	ADDRESS) Medi	cal Center	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST U.S. Na	OF WORKING	126. KIND (INDUSTRY Reti	OF BUSINESS OR
33	USU. 13a. S	AL RESIDENCE IN NURS STATE Virginia	Arlin	Y	GIVE RESIDENCE BEFOR 13c. CITY OR TOV Arling	ton	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	h Cou	rthouse	10
0001	9	THER'S NAME FRST Charles	3	IDDLE	Miller		IS MOTHER'S MAIDEN NA FIRST Mildred	WE		Danisa	vage
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r to buriol, cremotion, or injury, or other troumotic	NOI	Conditions, if any, gove rise to imm cause (a), statin underlying cause	nediate g the lost.	(b) DUE TO, OF	R AS A CONSEOU	ic li	ver disease	MINAL DISEASE OR CON	IDITION GI	IVEN IN PART 1	(o)
shows ony in	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES ▼ NO□	IN CERT	ES, WERE FINDI IFYING CAUSES 'ES 🔀	NGS USED S OF DEATH?
or Hern 18	MEDICAL CEI	21a. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTHY MEDIC 21d. INJURY OCCURR	AUSE OF DEATH	P.A 21e PLACE C	M. MONTH D M.	19	211. LOCATION	RED (ENTER NATURE OF INJU		PART 1 OR PART 2)	STATE
IT: If them 21 is morked	2	WHILE NOT WHAT WORK 270 I certify that (I)/ sow the deceose above, (I)/we) (a 27b. SIGNATURE	(this hospito	l) ottended the	deceased from	Jan.	18 . 19 81 and that in (m/y/(our) opinion DEGREE ATTENDING PHYSICIAN		ate and ho	22c. DATE	that (1) (we) last e causes stated E SIGNED 17 1981
IMPORTANT: If the		224. PHYSICIAN'S NA Gar		ladek,	M.D.		22e ADDRESS National Nav	al Medical	Cente		
3 3	В	BURIAL, CREMATION, (SPECIFY) urial	REMOVAL	23b. DATE 2/20/8			emetery or crematory on National	23d. LOCATION CITY OR TOWN Arling	ton Ar	rlington	n Va.
/80	24 FI	INERAL DIRECTOR NAMMUTPHY	Arlin	ngton F		ome ingtor		RESIDENCE STRAI	35b. REGIS	STRAR'S SIGNA	TURE



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- STATE REGISTRAR				CERTIFIC	ATE OF DEATH	•	REG. NO	D.		
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Tennessee		USA	1 - 1	MARRIED WIDOWED	NEVER MARRIE	DU	BALTIMORE CITY O	_	OF DEATH	
in city or town of DEA Gaithersburg		TAME OF HOSPITA			OTHER INSTITUTION Center		to USUAL OCCUPATE TYPE OF WORK FOR MOST OF HOUSEWIF	WORKING LIFE	INDUSTRY	of Business o
USUAL RESIDENCE (# NURSE 13e STATE Tennesee	NG HOME OR OTHER I	INSTITUTION, GIVE RESID	Y OR TOWN	DMISSION)	34. INSIDE CITY LIM	MITS?	3r. STREET ADDRESS Main	St.		
Jeff	MIDDLE		Arney		S MOTHER'S MAID		WIDDLE		Smi	t'th
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22d. PHYSICIAN'S NAME (TYPE OR PRINT) Westphal.

obove, (1) (we) (did) (did not) view the body ofter death

226. SIGNATURE

22e ADDRESS 809 Viers Mill Road

ATTENDING PHYSICIAN

MEDICAL STAFF DIRECTOR PHYSICIAN Rockville, Md.

22c. DATE SIGNED

23t NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY TOWN Johnson Hille 230 BURIAL CREMATION Burial

DEGREE

DHMH-16 25M (VRA 15, 4) 1/79 24 FUNERAL DIRECTOR Tyson Wheeler Funeral Home, Inc. 1331 Rockville Pike Rockville, Maryland

250 DATE REGIO. BY REGISTRAR 25% REGISTRAR'S SIGNATURE



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Gaitheraburg Housewife tell left very starter . Ja mink Gladeville Tennessee

Tiet Vo 408 26 5665A C.M. Parker 14209 Day Rd. Rockville, Md.

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Franke Westphal, M.D. France .estrial, M. J. 5-6-1981

Tydon shaeler Funaral Home, Inc. 1931 nockwille lite Pockwille, Maryland

Ebenezer Meth. Ch. Cem. New Johnsonville enn.

809 Viers Mill Road Rockville, Md.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN DO (TYPE OR PRINT) ESTI-Elizabeth DEATH MATED 1987 Sara Moore 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD Black Oct. 3, 1906 Female YRS To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BUENA, U.S.A. WIDOWED DIVORCED Montgomery County 10 CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Ret. Teacher Silver Spring First Avenue None SETAIN PA 13g STATE 13b COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 8715 First Avenue, #211D Maryland Montgomery Silver Spring YES [NO T 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Jessie Wvatt Moore Susan 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 7. INFORMANT Adel offes Md. (YES, NO, OR UNKNOWN) No 60 8589 Theodore Moore 1836 Metzerott CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BURIAL - TRANSIT PERMIT BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Acute myocardial disease. DUE TO, OR AS A CONSEQUENCE OF Conditions if ony, which gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION None 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? BURIAL, 20. AUTOPSY? None YES -NO X 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH None 21d. INJURY OCCURRED 21e PLACE OF INJURY TATHOME 21f LOCATION AT WORK AT WORLE TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 22a I certify that I took charge of the remains described above, held an Autopsy and in my apinion death resulted from: Natural causes Homicide Undetermined manner TITLE (SPECIFY) ACTUAL 2/12/83 Deputy SIGNATU MEDICAL EXAMINER Seminary Road EXAMINED NAME John S. Rogers, M.D. Silver Spring, Montgomery, Md. TYPE OR PRINT ADDRESS: 230. BURIAL, CREMATION, REMOVAL 236 DATE 73c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Md. Feb 16 81 Lincoln Memorial 350. DATE REC'D. BY REGISTRAR **DHMH-17** (VR A15 ME (5)) 15M 2/80

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20 DATE OF DEATH DECEASED NAME MONTH 26 HOUR (TYPE OR PRINT) 81 Lilly A. Morand 4 RACE 5 DATE OF BIRTH 3 SFX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR TOT-19 93 White 87 Female BIRTHPLACE STATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Montgomery USA Austria WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR 8323 Still Spring Court Housewife INDOWN Home Bethesda ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? Bethesda 8323 Still Spring Court Montgomery MD. YES [NO 14 FATHERS NAME 15. MOTHER'S MAIDEN NAME MIDDLE Tritsch MIDDLE Grunsfeld Emma Henry Margit Meissners 17 INFORMANT 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Daughter 8323 Still Spring CourtBethesda 101-18-8318 NO 18 CAUSE OF DEATH Enter only one cause per line for ia , (b), and ic PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., 10-sclerotic heart disease 10+ years Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last SIGNIFICANT CONDITIONS COMPIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 110 CERTIFICATION 96 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b IF YES, WERE FINDINGS USED 90 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this bootal) attended the deceased from saw the deceased alive on abave, (I) (we) (did) (did not view the body after death and that in (my) (a pinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 77r DATE SIGNED + ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be with the S 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Georgetown University Medical School Wash., D.C. BP. Removal PATE REC'D. BY BEGISTRAR 150. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Metropolitan Funeral ReService DHMH - 16 60M 1/75 (VRA 15 (4))

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Silver Spring, Md.

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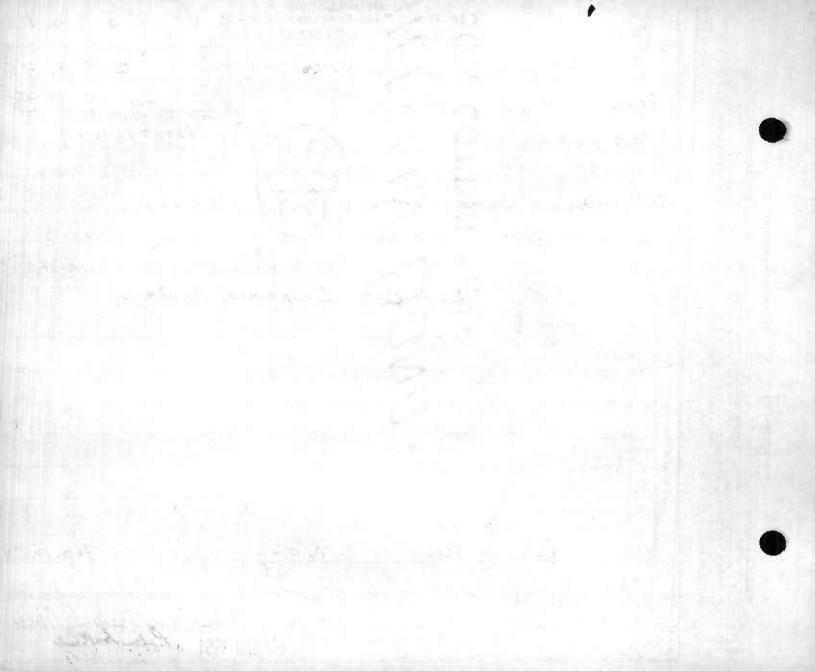
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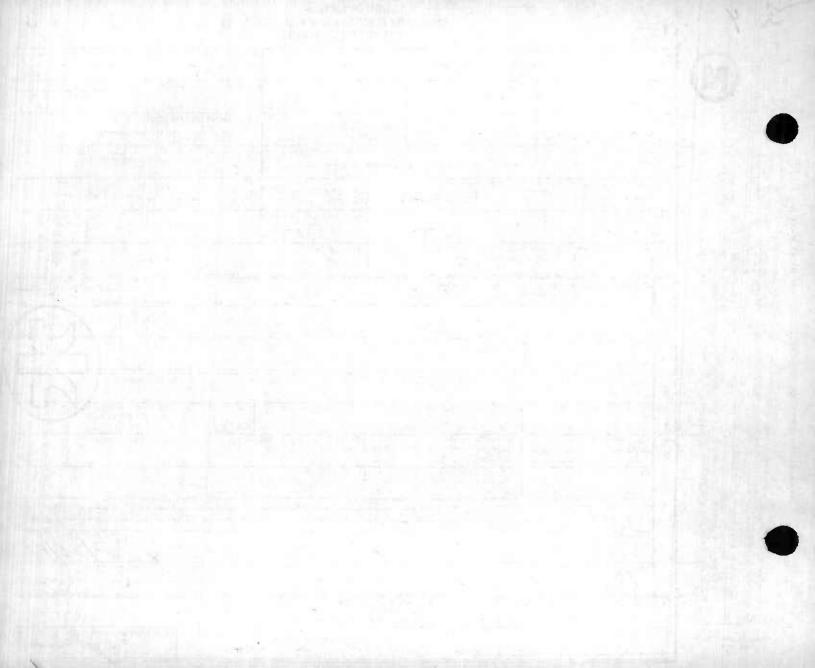
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**	1 DE	REGISTRAR CEASED NAME FIRST		MIDDLE		AST	REG. N	MONTH	DAY YEAR	26 HOUR
9 E 4		OR PRINT)					February	25	1981	7:00P.
poge r deo	3 SE		AMES 14 RACE		S DATE C	MUNCH	6. AGE (IN YEARS LAST BIR"		I 70 I	F UNDER 24 HPS
ter, p	3 35				MONTH	DAY YEAR			MONTHS DAYS	HOURS MIN
a do	Zn Bl	MALE RTHPLACE (STATE OR FOREIGN	WHIT	WHAT COUNTRY?	FET	3 20, 1896	9 BALTIMORE CITY C		Y OF DEATH	
4 16		DUNTRY)	TO CITIZEN OF			NEVER MARRIED			OFFERIN	
op Car	10 C	TLLTNOTS TY OR TOWN OF DEATH	II. NAME OF	HOSPITAL NURSIN	WIDOWE	DIVORCED DIVORCED	MONT GOM		12h KIND C	MD F BUSINESS OR
- offe				CH FACILITY, GIVE STREET		V mar	(TYPE OF WORK FOR MOST C		LIFE) INDUSTRY	
120 Durs	USU	STIVER SPRING		001 WESTHO		JUKI	PHARMAC	DLOGI	SIL	
4D 2	130 5	TATE 136 COL	YTAL	13c CITY OR TOW	N	136 INSIDE CITY LIMITS?	13e STREET ADDRESS	TOTU	0111 0011	0.7
hin Sho		ARYLAND MON	ITGOMERY_	SILVER SI	PRING	YES NO 15 MOTHER'S MAIDEN N		VESTH	OLM COU	<1
with a wi		FIRST	MIDDLE	LAST		FIRST	WIDDIE		TAOVA	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours retending physician and completely filled in as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the ond Mental Hygiene prior to burial, cremation, or removal. orked or them 18 shows any injury, or other traumatic event, the medical executed.	16a V	HENRY VAS DECEASED EVER IN U.S. A	RMED FORCES?	MUNCH 16b. SOCIAL SECU	RITY NO.	NELLIE 17 INFORMANT DALIC	HTER ADDR	58111	JACKS	
MOR n and Page		ES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)			DAUG	III LIK	, , , , ,		ICK AVE.
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ficat ficat pop nova ent, i		PART I. DEATH WAS CAUS	SED BY	Ace Se	Micoc	a. d. 50 2	T. An +in		SC	CELAS
certing F		4100 IMMEDI	ATE CAUSE (0)	· jack	1	assess 7	ing and ey at		3	cers
storth tendi		Conditions, if any, which	DUE TO, C	Corono		Z. c. Beis			7	care
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W. by 1th see re recorder or the see recorder		couse (a), stating the underlying couse last.	DUE TO, C	DR AS A CONSEQUE	NCE OF				2.4 30.7	
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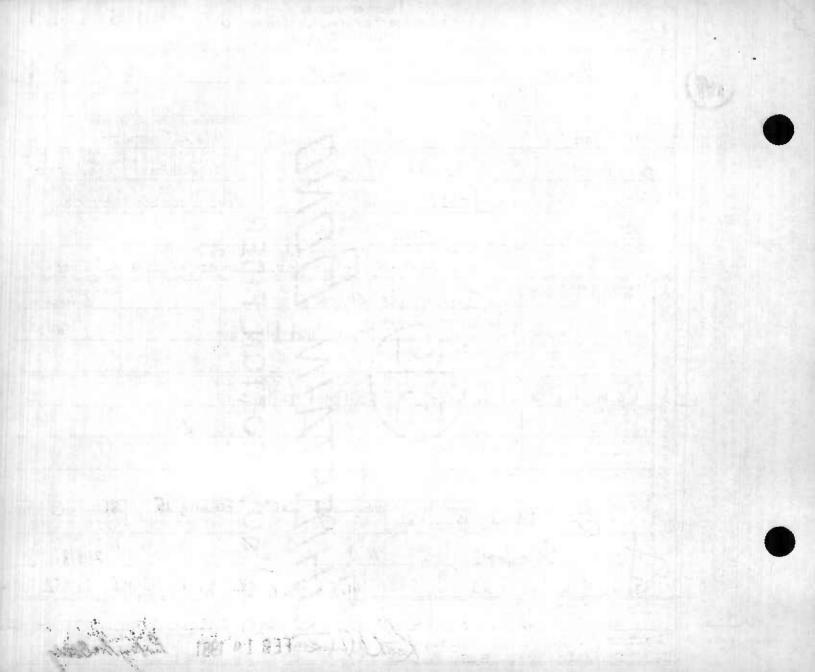




DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME O. DATE KNOWN IN DAY 76 HOUR TTYPE OR PRINTI ESTI-RAMA DEATH MATED 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR SEX DATE OF BIRTH 2c. DATE IF UNDER 24 HRS 2d HOUR MONTH DAY LAST BIRTHDAY PRONOUNCED CAUC 20 DEAD 196 14 YRS BARTHPLACE (STATE OR 76. OTTIZEN OF WHAT COUNTRY? A. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED | DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS OR INDUSTRY STUDEN BETHESDA ISUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 136 COUNTY T3d. INSIDE CITY LIMITS? 34 CITY OR TOWN 13e STREET ADDRESS YAITHERS BURC. YES] NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST 09/Nde 160. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT ADDRESS 9403 PENSHURST CT DIVISION TYES, NO OR UNKNOWN) I HE YES GIVE WAR OR DATES! GAITHERSRUZE, MD 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CARDIO PULMAR DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which RANIOCERE BRAL gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL WARDED TO THE CH PAGE 3 SHOULD BE L TATE DEPARTMENT O YES NO L 21a. EXTERNAL CAUSE WAS 216. TIME OF JUNEY HOUR AM MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY 21f. LOCATION 21d. INJURY OCCURRED AT WORK AT WHILE TREET 22a I certify that I took charge of the remains described above, held an Inspection ond in my opinion death resulted from: Homicide Suicide Undetermined monner TITLE (SPECIFY) TO MEDICAL EXECUTE THE CAGE A SHOUNTO FUNERAL DAFTER DEATH, VALUE OF CAGE A SHOUNTO SHOUNT OF THE CAGE A SHOUNT OF THE CAGE A SHOUND OF T ACTUAL DATE SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME ADDRESS \$200 WISCONSON (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE CREMATION FAIRFAX METROPOLITAN AlexANDRIA VA BP 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) 2847 WILSON BIVE. ARI. Va IVES FUNERAL HOME T5M 7/77

	1	FOR STATE		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS 0 5 4 4 0										
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A MEDIC ECUTE 1 (GE 4 SI FUNER TER DEA		EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street												
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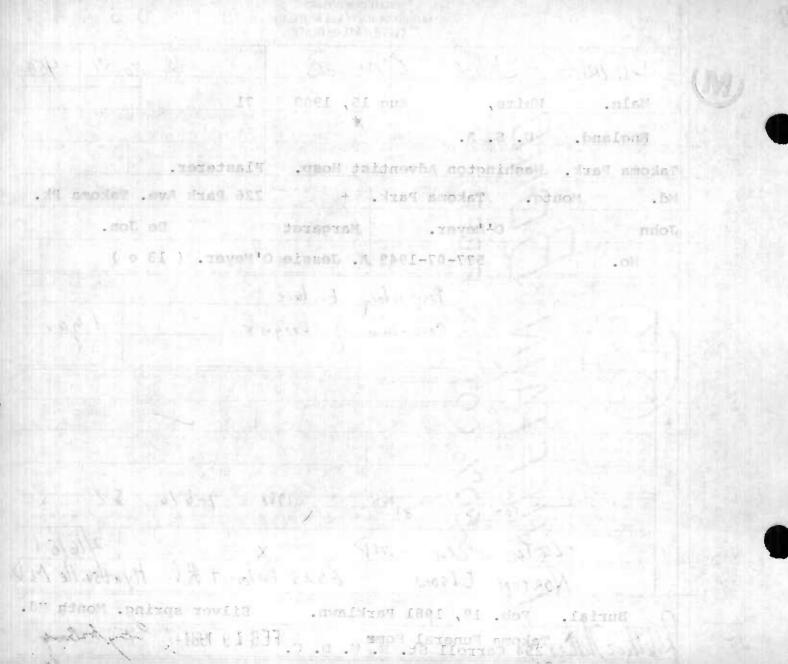
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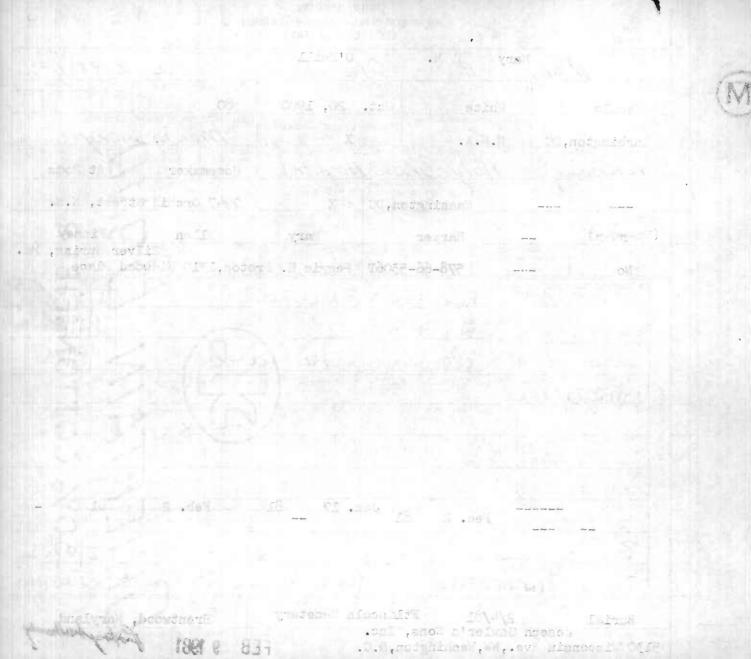


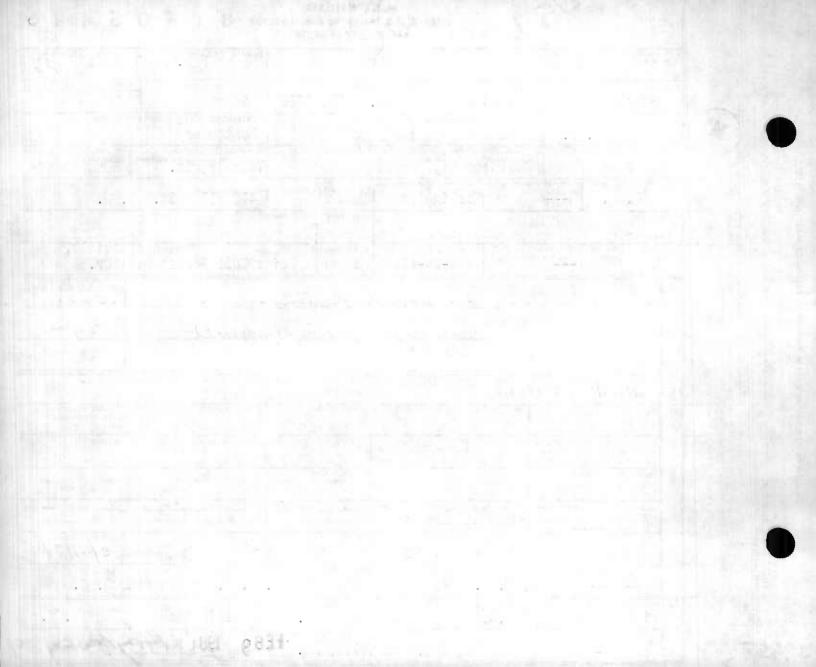
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	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 5 4 4 7 CERTIFICATE OF DEATH REG. NO.								
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与我似在 #/	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Connecticut	75 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED TO DIVORCED	BALTIMORE CITY OR COUNTY OF DEATH							
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166 WASDECASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	AN ATH	I W. CAI	SIRST		MIDDLE			FIRST	W	IDDLE		
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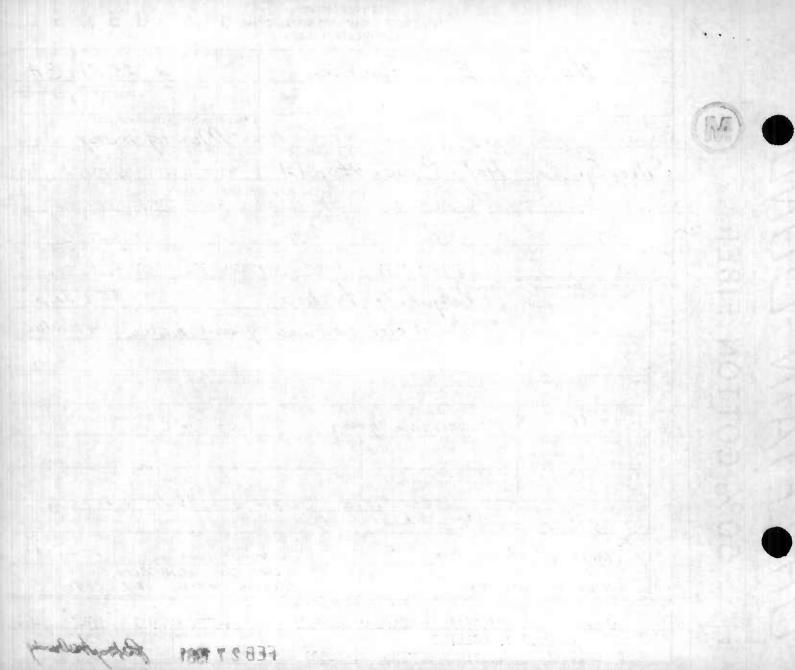
		STATE OF MARTLAND
		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0 5 4 4 9
		CERTIFICATE OF DEATH
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he he	tached fa 3 Mental 	224 SIGNATURE ATTENDING DEGREE PHYS. MED. DIRECTOR STAFF 22c DATE SIGNED 8/
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may etained by the haspital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page hould be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filled with the State Defined the and Mental Hygiene prior to burial, cremation, ar removal, and in any event, within 22 hours after direct.

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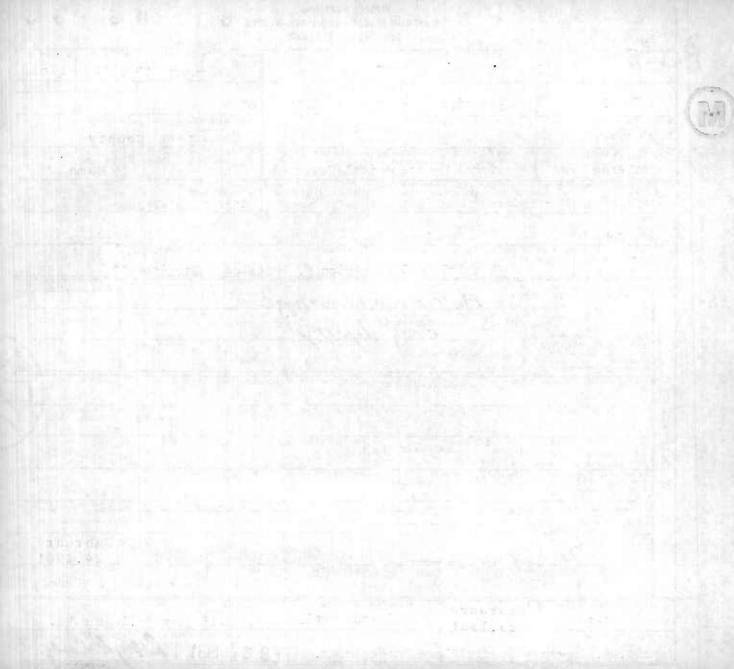
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	DHMH - 17	24. F	UNERAL DIREC	TOR	144-	ADDRESS			25a. DATE				GISTRAR'S	SIGNAL	URE	
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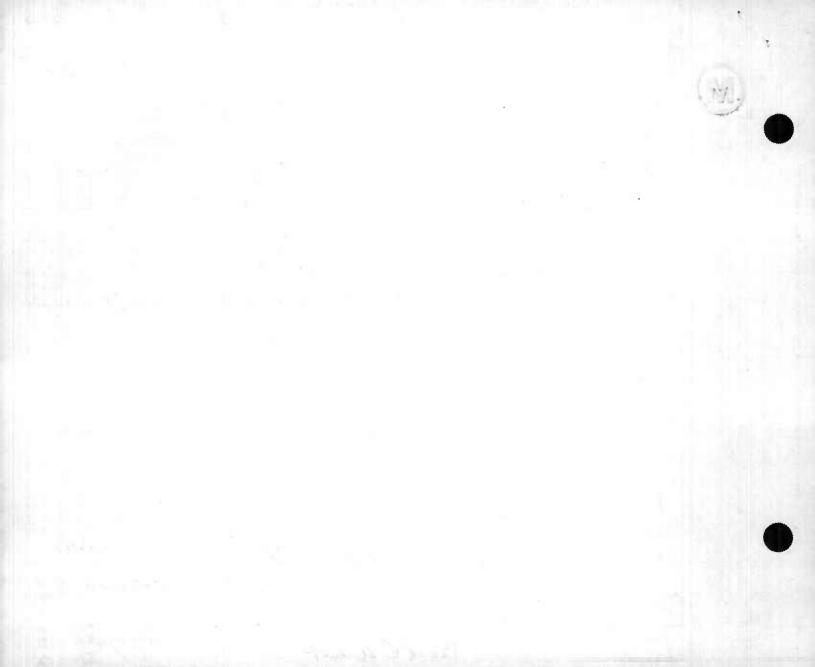
FOR		DEPARTMENT OF HEALT	MAKYLAND H AND MENTAL H	YGIENG O	5 4 5 2			
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WAS DECEASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS				
no (IF YES, GIVE	WAKOKUATES)	383-30-8179	Nichola	as Pasti same as	13e			
18 CAUSE OF DEATH (Enter on	ly ane cause per line	far (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	TE CAUSE (a) AS		od					
Canditions if any which								
gave rise to immediate			İS					
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AT WORK AT WORK	SIREEL, PACI	ONT, FARM, ETC.)	JIRCEI	CITY OR TOWN	COUNTY STATE			
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death resulted from	pal courses (X)	segdent Suicide	. Hamicide .	Undetermined manner .				
ACTUAL /		Mu. L	TITLE (SPECIFY)	lof	2 /27 /01			
SIGNATURE	sword,	mult	M.D. Deputy Ch	MEDICAL EXAMINER	2/27/81 GIGNED			
EXAMINER'S NAME Thou	mas D. Sm	ith, M.D.	_ADDRESS	Penn St. Balto,	, MD.			
BURIAL, CREMATION REMOVAL (SPECIFY) Burial	3/3/81	Monocacy	OR CREMATORY Cemetery	"Bearlsville,	Maryland			
4 FUNERAL DIRECTORYSON W	heeler Fi	uneral Home, I		PEGD. BY PEGISTRAR 255. REGISTRA	AR'S SIGNATURE			
1331 Rockvi	lle Pike	Rockville, M	aryland_					
THE PARTY OF THE P	FORM TO TOWN OF DEATH ROCKVIII SUAL RESIDENCE (IF IN NURSING HOME OF THE SIGN HOME.	HI I da EX	DEPARTMENT OF HEALT MEDICAL EXAMINER'S MARY MIDO 19 MONTH DAY MAY MIDO 19 MORTH DAY MONTH DAY	HI I da Marie SEX HI I da Marie S. DATE OF BIRTH DATE MAY 1 92 2 1 LOST BUNDER 1 YR IF UNDER MICHAEL COLORS MICHAEL COLORS MICHAEL CRAMPORT MICHA	DEPARTMENT OF HEALTH AND MENTAL HYGIENG MEDICAL EXAMINER'S CERTIFICATE OF DEATH ***ROCK** ***MEDICAL EXAMINER'S CERTIFICATE OF DEATH ***MADICAL EXAMINER'S CERTIFICATION OF PAST THOUSE AND THOUGHT OF PAST THOUGHT OF T			

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9	- ST/				ER'S CERTIFICAT	ECEDEATH	U S	4 2	4
/	1. DECE	ASED NAME FIRST		WIDDIE	LAST		REG. NO.	DAY YEAR 21	HOUR
	(TYPE OF	FLORE	NCE	P	ATTERSON	OF ES DEATH MA	TI	9 ,1981	10:2
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XXX		MALE BLACK		4 80 81 YI	RS.	DEAD	Feb. 9	1951	OM!
2000年間70		HPLACE (STATE OR SN COUNTRY)	7b. CITIZEN OF WH.	AT COUNTRY?	8. MARRIED NEVER M	ARRIED 🔲	CITY OR COUNT	Y OF DEATH	1
× × × ×	10 CITY	OR TOWN OF DEATH	USA 11 NAME OF HOSP	TAL NURSING HOME	OR OTHER INSTITUTION	ORCED 120. USUAL OCCUPATION	ON (TYPE OF WORK	126 KIND OF BUSIN	MD.
ELAY IS R TO THE F B PREE. SS 301 W	SII	VER SPRING	HOLY CF	ROSS HOSP	ITAL	FOR MOST OF WORKING	life)	OR INDUSTRY	,
21201 1. F ANY DEL 2, AND 3 TO 3. RETAIN B SHOULD BE 1. RECORDS	13a STAT			13c. CITY OR TOWN	13d INSIDE CITY LIMI	13e. STREET ADDRESS	5-152	m St	
AND SATH	14. FATH	ER'S NAME FIRST	WIDDIE	LAST	IS, MOTHER'S M	AIDEN NAME MIDDLE		LAST	
BALTIMORE, URS AFTER DE B. GIVE PAGE WITH FORM T. PAGES 1 AN DIVISION ON	16a, WAS (YES, N		ARMED FORCES? IVE WAR OR DATES)	16b. SOCIAL SECURIT	Mwc T	11309 Gilső ois Ward Ro	n Stree	t daughtei	r
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NE N		PART I DEATH WAS CAU	SED BY: IATE CAUSE (a)	Ac	ute My	oczydial	Des	BETWEEN ONSET AND	DEATH
		Canditians, if any, whi		AS A CONSEQUENCE	OF "		n.	14.00	
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▼ OOFS%3/	CERTIFICATION	Mon	196. CONDITI	ON FOR WHICH OPER	ATION WAS PERFORMED?			20. AUTOPSY?	- Mr
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STE, P		22a. I certify that I taak cha	rae of the remains desc	ribed above held on	Autopsy , Inspe	ection Inquiry	, and in my ap	nian	
AND THE PARTY OF T	d				icide , Hamicide	Undetermined manner			
XAA ERTID WIT WIT	A.	CTUAL /		1	TITLE (SPECIF	Y).	DATE		1
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TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL E AFTER DEATH,	EX	AMINED'S NAME YPE OR PRINT)			ADDRESS.				
TO TO AFTE BALTE		AL, CREMATION ALMOVA	JJB DATE >	JE NAME OF CEA	AETERY OR CREMATORY	23d LOCATION	COLIN	TY STATE	
000BD		Burial	Feb 13	7981 Ar	lington Nat	ional Cemet	ery Ar	lington	, Va.
DHMH · 17 (VR A15 ME (5))	N.A	ERAL DIRECTOR	al Home-4	LOOJ Para	00/ 100	HE REC'D. BY REGISTRAR 2	b. REGISTRAR'S S	GNATURE	
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	1.	FOR STATE REGISTRAR	DEPAI	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 REG. NO.	0 5 4 5
m e		CEASED NAME FIRST OR PRINT)	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
i k		Ann	a <u>I</u> aura	Payne	2	10 81 2:20
£ (************************************	3 SE	x	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	& AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR IF UNDER 24 HE MONTHS DAYS HOURS MIN
San		Female	White	Mar. 18 1890	90 YRS	
a all a go	70. B	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	BALTIMORE CITY OR COUN	TY OF DEATH
norte no 72		rginia	USA	WIDOWED TO DIVORCED	Montgomery	7
offer d offer d with ed with		ithersburg	(IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION EET ADDRESS)	170. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) USEWIFE	126 KIND OF BUSINESS
ours be n	USU	AL RESIDENCE LIE NURSING HOME	Asbury Nurs: OR OTHER INSTITUTION, GIVE RESIDENCE BEF	LIIG IIOIIC	Dewife	pwii nome
sin 24 h	Ma	STATE_ 13b CO	UNTY 13c CITY OR TO	ersburgyes X NO 1	301 Russell	Avenue,
completely 1 and 2 sh		Lewis	MIDDLE DAY	15 MOTHER'S MAIDEN NA F#ST Gertru	ide widote	McConchi
Poges medical		VAS DECEASED EVER IN U.S. (ES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? SIVE WAR OR OATES) 218-20	Δ (301)) 14426 Ch Payne-Rockvill	nesterfield
been signed by the ottend mit. Then please remove ca prior to buriol, cremation, a	CERTIFICATION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION			20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
on. he le	I			Comments.		TIFYING CAUSES OF DEATH?
PHYSICIAN ending phys this certifica the burial-trained Mental Hydrol Hy	MEDICAL CER	718. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER, NOTIFY MEDICAL EXAMIN 216. IN JURY OCCURRED WHILE AT WORK AT WORK	DEATH HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	RED (EMTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2) COUNTY STATE
Out ATTENDING the hospital or off DIRECTOR: After oched for use as il Dept of Health of If them 21 is marke		sow the deceased alive	spital) attended the deceased fran on 1990 (not) view the body after death.	, and that in (my) (our) opinion DEGREE	, to \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	22t. DATE SIGNED
± 0 0 0 ≠		C	Tool .	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2/11/81
TO HOSPITAL OF PERDING BY THE STORE TO FUNERAL DE Should be detoo with the Store DE MPORTANT: If		22d. PHYSICIAN'S NAME (TYP		10 7425 ar	lington Rd B	Thesa rud



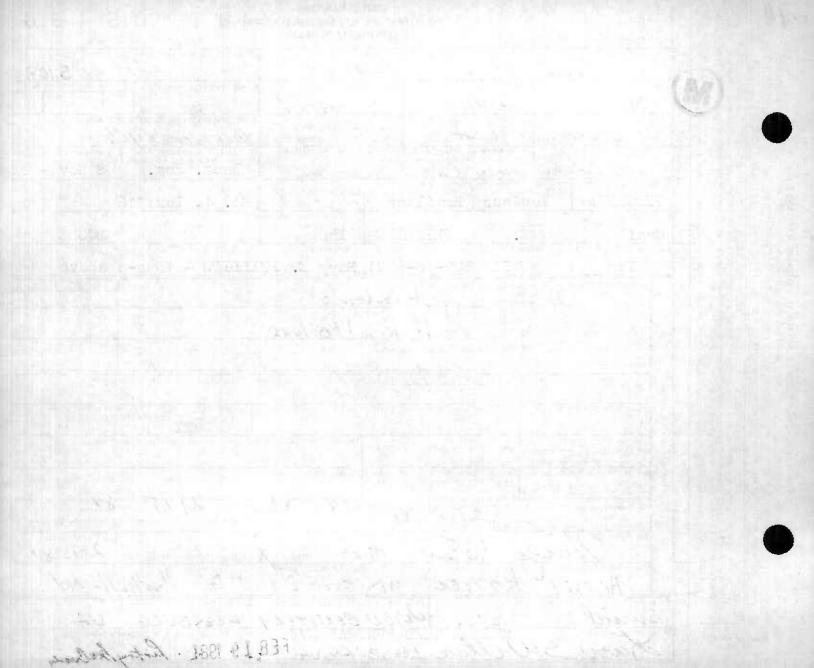
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)(1	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		5 4 5 7
	1. DE	ECEASED NAME . FIRST	MIDDLE	LAST	REG. NO. 20. DATE OF DEATH MONTH DAY	Y YEAR 2b HOUR
be 3 pe	(TYP	CLA	RENCE D. PE	ARSON	- Marie Committee and the Committee of t	981 6:08pm
may be	3. SE	X	4 RACE	5 DATE OF BIRTH		UNDER LYFAR IF UNDER 24 HRS
ge 4	1	lale	Caucasian	January 11 1904	77 YRS	NTHS DAYS HOURS MIN
eoth. Po	2 9	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNTY O Montgomery	FDEATH
os after d		Olney		ng home or other institution tableress Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Farm Manager	126 KIND OF BUSINESS OR INDUSTRY Windy Knoll
AND 212 AND 212 If filled in thould be f	Ma	ryland Mont	tgomery Rockvi	VN 13d INSIDE CITY LIMITS?	136 STREET ADDRESS 15001 Shady Grov	Farm
MARYL, manufactured within and 2 s for and 2 s for and 2 s for and 2 s for an and 2 s for an	/ IA F	ATHER'S NAME FIRST Henry	MIDDLE Pearson	15 MOTHER'S MAIDEN NA FIRST Mamie	MIDDLE	Payne
IMORE,		WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GIV OS WW.	/E WAR OR DATES)	URITY NO. 17. INFORMANT	Pearson (same as 1	
to 1 W. PRESTON ST., B s that the death certificate by the attending phy lease remove corbanpairial, cremation, or remove or or attendent or other transmitters.		PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gove rise to immediate couse (0), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T	JENGE OF LICENS DESCRICE OF LANCE OF LANCE OF LANCE OF LANCE OBSTRATED	rax Cilatival Palmoneny discose	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH / day / year / oyn.
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IVISION JG PHYS offending ter this of is the bur h and Me rked or It	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	21f. LOCATION	CITY OR TOWN	COUNTY STATE
R ATTENDIN hospitol or RRCTOR. Af hed for use oppi. of Health		220.1 certify that (1) (this haspi saw the deceased alive an above, (1) (we) (chd) (did no 22b. SIGNATURE	ital) attended the deceased from 17 February 19 to view the body after death.	Odober 19 14 El and that in (my) (gur apinian DEGREE	death occurred on the date and four o	, that (1) (we) lost and from the causes stated
TO HOSPITAL O retained by the TO FUNERAL D should be detact with the State D IMPORTANT, If I		22d. PHYSICIAN'S NAME (TIPE O	OR PRINT;	22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	18 Feb 1981
O HO etaine To Fu WPOR		HAROLD . I	L. PASIES N	(i) 4425 M	langameny Avr Bett	1630 Md 20014
//03 BP		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	February 20	NAME OF CEMETERY OF CREMATORY Parklawn Mem. Park	Rockville Mont	gomery Md.
DHMH - 16 60M 1/75 (VR A 15 (4))	24 F	UNERAL DIRECTOR RObert	t A. Pumphrey Fun	eral Homes P/A FEB	2.6 1001	R'S SIGNATURE

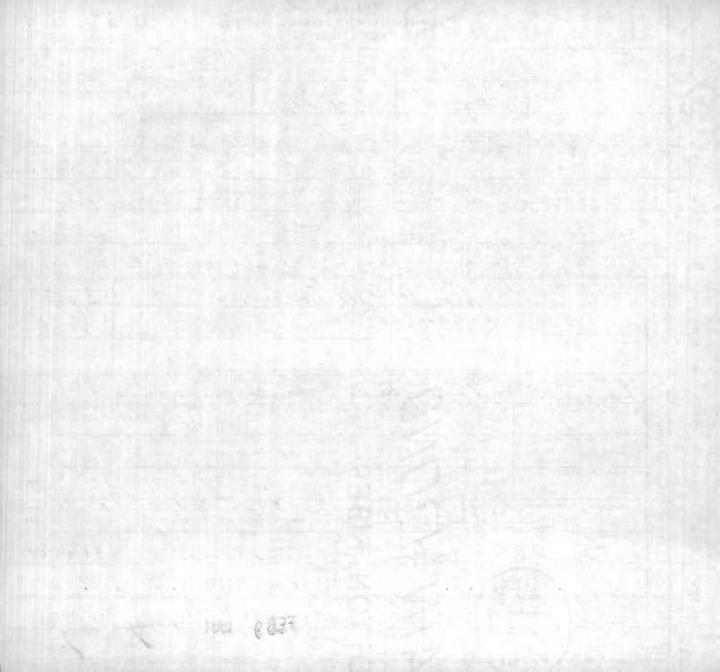
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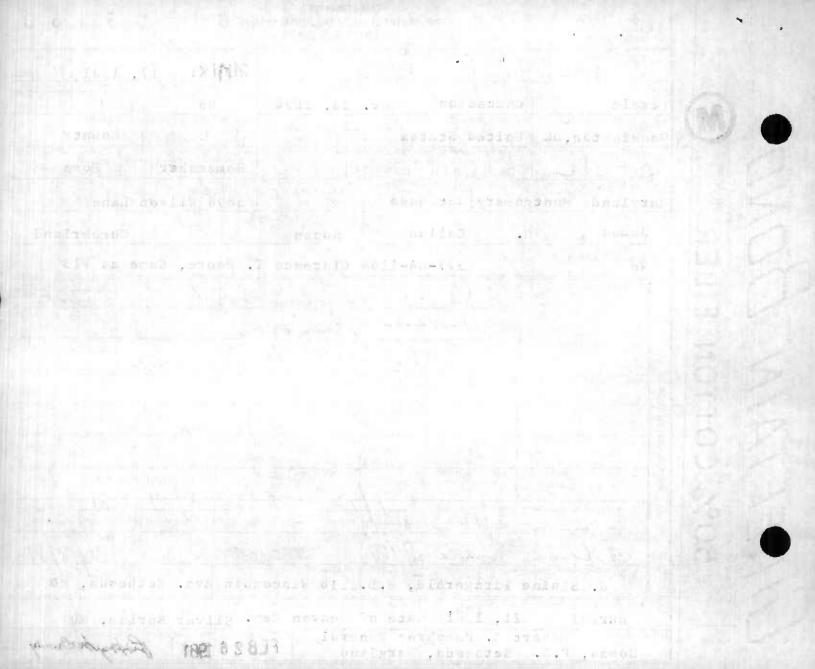
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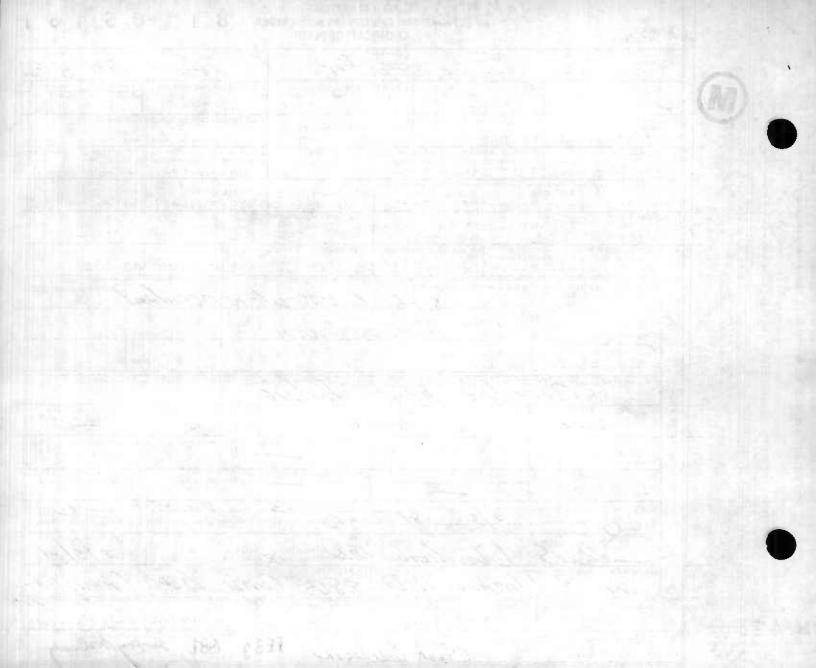
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	1.	FOR - STATE	DEPARTA		HEALTH AND MENTAL HYG	IENE 8	0 5	4 5 4					
		REGISTRAR			FICATE OF DEATH	REG. N							
	1 DE	CEASED NAME FIRST E OR PRINT)	WIDDIE		LAST	20 DATE OF DEATH	MONTH DAY YEA						
		Morris			ncus	February 3		4:36p м					
1	2.58	X.	4 RACE	5 DATE	OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS					
A.J.		Male	White	Dec.	. 30, 1919	61 YRS							
57/0	7 E. E.	INTERPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	Н					
301		New York	USA	WIDOW		Montgomer	y County	MD					
16	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)		OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O		ND OF BUSINESS OR TRY					
101		Olney	Montgomery Gener	ral H	ospital	Salesman	n Ret	ail Liquo					
9	130	STATE 136 COUR	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW	ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS		DV					
D 0			tgomery Olney	7	YES XX NO	17731 Bt	uehler Ro	ad					
u di	14 F/		MIDDLE		15 MOTHER'S MAIDEN NAM	WE		(AST					
100		Isadore	Pincus		Helen			enstein					
O J	160 \	WAS DECEASED EVER IN U.S. AR	E WAR OR DATES)		17 INFORMANT	ADDR							
e me		Yes WW	II 577-32-	6185	Jean Pincu	ıs; 9713 H	Hedin Dr.	, SSpg, Md					
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ofic	DUE TO, OR AS A CONSEQUENCE OF												
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her f		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF									
or other from		underlying couse lost	(c)				19/11/19						
ory, o	7	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PAR	T 1(0)					
,	CERTIFICATION	Lung and	orne harris	Vest	s broves	20g AUTOPSY? 20b IF YES, WERE FINDINGS USE							
50	N S	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	IN WAS PERFORMED	20a AUTOPSY?	106 IF YES, WERE FIN						
Show	E	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		Tal. HOW IN HURY OCCUPA	YES NOW	YES 🗍	NO 🗍					
8		OR CONTRIBUTING CAUSE OF DEA	The state of the s	Y YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART	(2)					
Hen	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)		19	THE LOCATION								
o p	MED	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN COUNTY	STATE					
morked		AT WORK AT WORK			7.0		-11-						
. 40		22a. I certify that (I) (this hospi sow the deceased alive on	nol) ottended the deceased from	81	19 8 0	, to	19 8	that (I) (we) lost					
m 2		obove, (I) (we) (did) (did no	t) view the body ofter death.		nd that in (my) (out) apinion (eoth occurred on the d							
If Item 21		226. SIGNATURE	00 011	1	DEGREE ATTENDING	MEDICAL STA	FF 5	FIL-81					
		Col	17. Orlla		PHYSICIAN	DIRECTOR PHYSIC	IAN D	1200					
RTA		22d PHYSICIAN'S NAME (TYPE O			10111 Prince	Dhilin Do	Olnov Md						
MPORTANT		Donald E. Di			18111 Prince		orney, Mu	•					
	23a. E	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE					
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5		UNERAL DIRECTOR	g Chapels; 1170 I	OCKVI.	lle, Md.	RECUNSTRUCTURE	256. REGISTRAR'S SIG	NATURE					
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DHMH - 16 60M 1/75 (VR A 15 (4))





STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I DECEASED NAME 28 DATE OF DEATH DAY YEAR 21 HOUR (TYPE OR PRINT) Lucy Clav Pool 3 SEX 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR AONTHS DAYS 1899 Female white Dec 12 YRS TE BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED COUNTRY Mississippi WIDOWED DIVORCED Montgomery IN CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR 12ª USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Silver Spring 1812 Alberti Drive Housewife own home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION)
130 STATE
1136 COUNTY
1137 CITY OR TOWN 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Marvland Sil Spring NO 1812 Alberti Drive Montgomery IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST FIRST MIDDLE Melia John Pool Biggs 140 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (husband) (YES, NO OR UNKNOWN) (IF THE WAR OR DATES) William E. Porter-(same as 13e) 14-48-7906 XXXX Yes APPROXIMATE INTERVAL
METWEEN ONSET AND DEATH the CAUSE OF DEATH (Enter only one cause per line for (a) المان), and ic. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICAN CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? ĕ IN CERTIFYING CAUSES OF DEATH? NOD NO [YES T 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH le MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. ö 21d. INJURY OCCURRED 21s PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an above (1) we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated IN SIGNATURE DEGREE 22¢ DATE SIGNED TTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICAN'S NAME (TYPE OF PRINT) 22R ADDRESS S shoul 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN Burial 2-6-1981 Fort Lincoln Cemete Brentwood Pr. Georges Mc 250. DATE REC'D. BY REGISTRAR 256. REGISTBAR'S SIGNATURE E. Pumphrey, Jac, DHMH-16 25M (VRA 15, 4) 1/79 8434 Ga. Ave., S.S. Md/



FOR

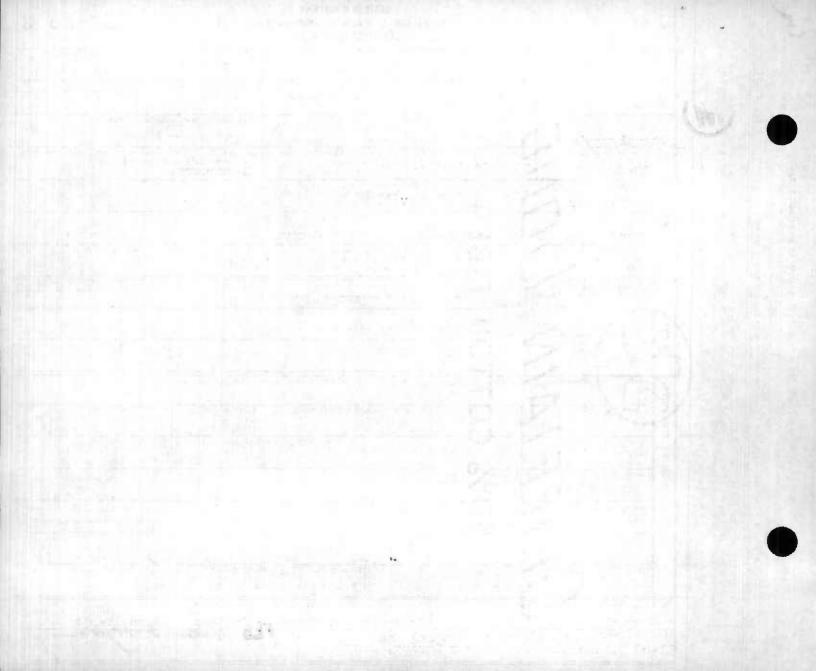
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BP. DHMH-16 30M 2/80 (VRA 15, 4)

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**	1.	FOR - STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL I CATE OF DEATH	HYGIE	ENE 8	0	5	6 3
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26	10 C	ethesda	The Cli	nical Ce	nter,	NIH		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Secretary	NC	12b. KIND C INDUSTRY	OF BUSINESS OR
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y injury, or ather traumatic event, th	MOIL	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT ((c) CONDITIONS <u>CO</u> P	AS A CONSEQUE	DEATH BUT I	NOT RELATED TO THE TI		ial disease or cone			
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE CERTIFICATE OF DEATH REGISTRAR PEG NO L DECEASED NAME TYPE OR PRINTI ar Garet IF UNDER 1 YEAR AGE IN YEARS LAST BIRTHDAY! 5 DATE OF BIRTH 3 SEX MONTH DAY VEAR 88 1892 YRS. BALTIMORE CITY OR COUNTY OF DEATH 7n BIRTHPLACE Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Montgomery County Massachusetts WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Housewife Home Rockville Collingswood Nursing Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13n. STATE 13b. COUNTY 13e STREET ADDRESS Rockville 647 E. Jefferson St. Apt. #T3 Maryland Montgomerv YES X 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME Knapp Harriett Sloan Albert Thaver 166 SOCIAL SECURITY NO. 17 INFORMANT 12405 Over Ridge Road 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Lewis B. Pusey, Jr. Potomac. Maryland 20854 219-12-2567 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)_ Cur clicke, anest 5 m DUE TO, OR AS A CONSEQUENCE OF Herioscheolic Mar despese Conditions, if ony, which gove rise to immediate cause (o), stating the Jeneulized Donne. On terroscher underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 190. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOX NO F 210, ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 23 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF FITHER NOTIFY MEDICAL EXAMINER) 211. LOCATION 21e. PLACE OF INJURY 21d INJURY OCCURRED STATE CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE FIB 220 1 certify that (I) (this hospital) attended the deceased from, and that in (1941) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED DEGREE 226 SIGNATURE 2/2/81 ATTENDING MEDICAL PHYSICIAN PDIRECTOR PHYSICIAN TO FUNERAL should be de with the Stot 22e ADDRESS 224 PHYSICIAN'S NAME (TYPE OF PRINT) 7801 NOOFULK Are Bethook Mysull 23d LOCATION 23r. NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION, REMOVAL 23b. DATE Alexandria Fairfax 2/4/81 Metropolitan Va. BP. Cremation 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Wheeler Funeral Allome DHMH-16 30M 2/80 1331 Rockville Pike, Rockville, Maryland 20852 (VRA 15, 4)

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	OR A he hos DIREC oched Dept.		The SIGNATURE	ATTENDING MEDICAL STAFF 10. DATE SIGNED
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Di	HMH - 16 50M 1/76 (VR A 15 (4))		Hinos/ Pino	ADDRESS

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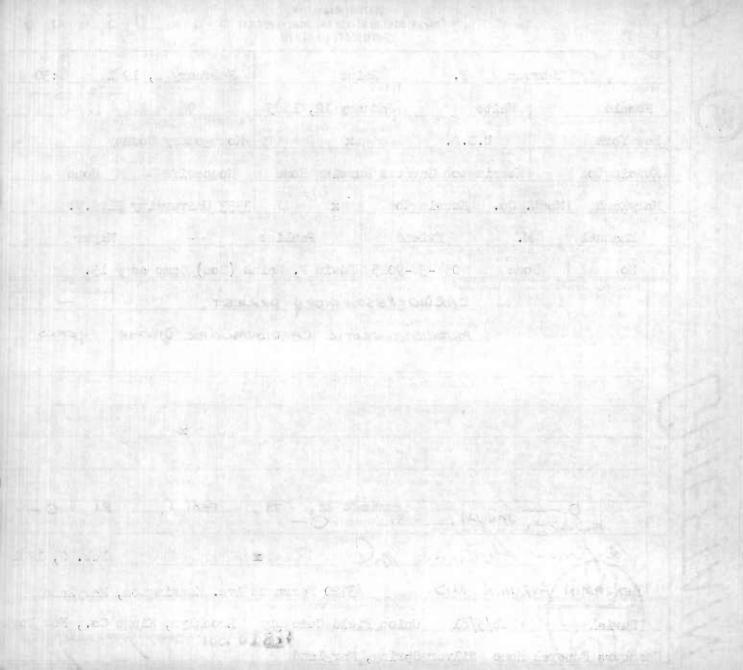
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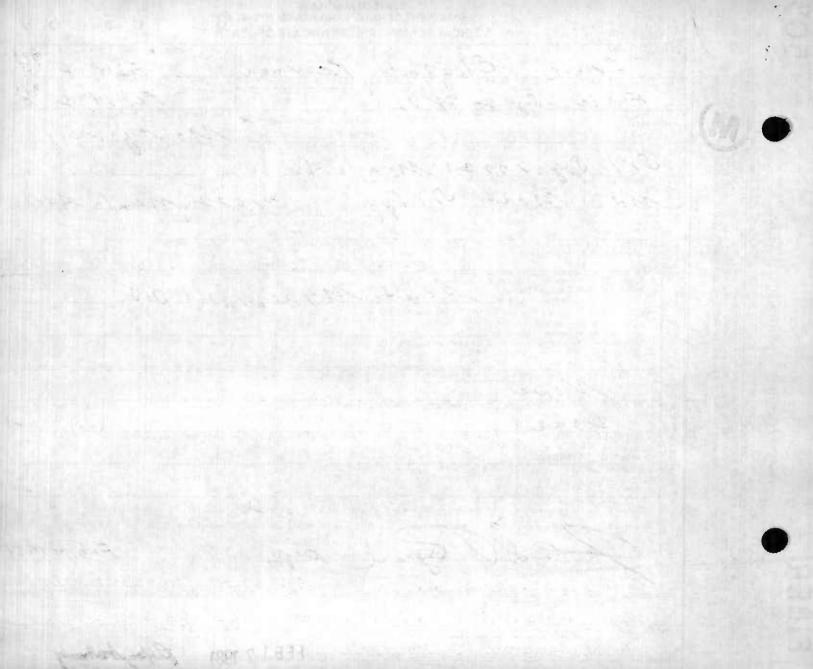
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Tygon theeler Fun ral Home, inc. 1331 Rockville - ico colle, Maryland

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE REGISTRAR REG. NO FIRST 20. DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-SEX 2c. DATE PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY NEVER MARRIED FOREIGN COUNTRY DIVORCED New York FOR MOST OF WORKING LIFE! U.S. Gov't. Lawyer 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Ula. STATE YES [NO DE 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Kelsey Reardon Mary Edmund 7. INFORMANT ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) Mary B. Lange Niece same as .13 139-20-8653 18 CAUSE OF DEATH (Enter only one couse per line for (a), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ohy, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO DE 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME, If. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on and in my apinian Natural causes Hamicide Undetermined manner TITLE (SPECIFY) Silver Spring, Md. John S. Rogers, M.D. 1919 Seminary Road 23a BURIAL, CREMATION REMOVAL 23¢ NAME OF CEMETERY OR CREMA St. John's Cemetery Mont. Feb. 18, 1981 Forest Glen Md. 24 FUNERAL DIRECTOR Francis J. Collins **DHMH-17** (VR A15 ME (5)) 500 University Boulevard, W. Silver Spring, Md. FFR 15M 7/76



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3	1.	STATE REGISTRAR	DET ART	CERTIFICATE OF DEATH	REG. NO.	0 0 % / 0	
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	3 SE	× MA <i>LE</i>	4. RACE WHITE	5. DATE OF BIRTH MONTH DAY SEPTEMBER 23.188	6 AGE (IN YEARS LAST BIRTHDAY) 7 93	MONTHS DAYS HOURS MIN.	
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signed by the attending physician and co then please remove carbon appers. Pages 1 a burial, cremation, or removal. jury, ar ather traumatic event, the medical	160 \	VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166. SOCIAL SEC VE WAR OR DATES) 523-224-	1/11	PLAUT 1412 FLORA	L STREET, N. W.	
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			ot view the body after death.	and that in (my) (mail opinion	n death occurred on the date and I	hour and from the covies stated	
		271/SIGNAPARE	X	DEGREE	. MEDICAL STAFF	22L DATE SIGNED	
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1		J. BLAINE	FITZGERALD, M. D	. 8218 WISCON	SIN AVENUE, BETH	HESDA, MARYLAND	
IMPORTANT		BURTAL.	236. DATE 236. 2/27/1981 XI	NAME OF CEMETERY OF CREMATORY NG DAVID MEMORIAL (GARDEN TO FALLS	CHURCH. VIRGINI	
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STATE OF MARYLAND

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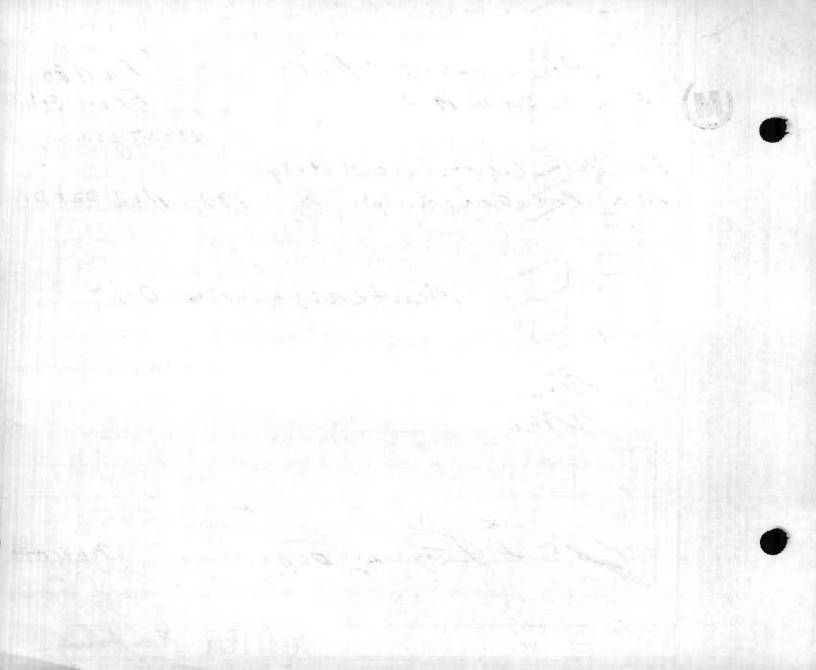
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AY IS NE THE FLILED, 201 W		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME, OR OTH	HER INSTITUTION 120	USUAL OCCUPATION ITYPE	OF OK 124 KIND OF BUSINESS	
30 m m /s	7/10	Tak Park	THE NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)	bles & H	ome Maker	OF INDUSTRY. Domestic	
LTIMORE, MD. 21201 FFER DEATH. IF ANY DE REPAGES 1, 2, AND 31'O FORM PM 3. RETAIN GES 1 AND 2 SHOULD B SION ORVITAL RECORDS	30.3	AL RESIDENCE (IF IN MIRSING HOME STATE	OR OTHER INSTITUTION, GIVE RESIDENT ITY 13c. CIT	TE BEFORE ADMISSION) YOR TOWN	134 INSIDE CITY LIMITS? 130	STREET ADDRESS R.	d bakbr	
E, MD. ATH. II S 1, 2, PM 3. VD 2 S		ATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA		LAST	
DORE TO PER PRINCIPLE OF PRINCI		VIIIIe Was deceased ever in U.S. ar	King	OCIAL SECURITY NO.	Louise	Holze sh. DC ADDRESS	ndori N.W.	
BALTIMORE, JRS AFTER DEA' S. GIVE PAGES WITH FORM P. I. PAGES 1 ANI	2	YES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)		1100		Geranium ST.	
: 5.00 ≥ F.0		18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE IMMEDIA	nly one couse per line for (o), (D BY: TE CAUSE (o)	o) ond (c).)	Myour	veix D	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
は マフマード〇		Conditions, if any, which	DUE TO, OR AS A CO	NSEQUENCE OF	2			
A SEREZO		gove rise to immediate couse (a) stating the under-	(b)	NSEQUENCE OF				
S, 201 V		lying couse lost.	(c)					
CORD CORD NDING NDING NSA BI NTTH A NTTH A	NO	PART 2 DTNER SIGNIFICANT CHOITIONS	CONTRIBUTING TO DEATH BUT NOT RE	LATEO TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PART 1 (a			
TAL RE HOULD RD "PE HIEF A USED A OF HE/ OF HE/	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION V	/AS PERFORMED?	BILL CONTROL	20 AUTOPSY?	
F VITA TE SHC WORD WORD THE CHILL SHE US BE US	4 5	21a EXTERNAL CAUSE WAS	216 TIME OF INJURY	121c H	OW INJURY OCCURRED IEN	TER NATURE OF INJURY IN ITEM 18 PA	YES NO-PO	
FICATE THE WOLLD BOULD B	3 4	UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.M. MONTI	DAY YEAR	ON MOON! OCCORNED (E.	THE STATE OF THE S	ni i Garani 21	
DIVISION OF VITAL RE HIS CERTIFICATE SHOULD WRITING THE WORD." FE ARDED TO THE CHIEF N (CE 3 SHOULD BE USED A VIT DEPARTMENT OF HEA	MEDICAL	ZIE INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUR STREET, FACTORY, FARM,	Y (ATHOME, 211 LC	CATION	CITY OR TOWN	COUNTY STATE	
E, T			ge of the remains described ob	ove, held on Autop	sy , Inspection	P. Inquiry . ond	in my opinion	
EXAMINER: CERTIFICAT FULLO BE FOR TO INTECTOR: MARYLAND		death resulted from: Natu	ral couses Acciden	, Suicide	, Homicide . Un	determined monner .		
H. WILL PIR MAR		ACTUAL 6	215	2	TITLE (SPECIFY)		DATE 2 4 / 1981	
DICA TE TH VERA VORE,	7	SIGNATURE	0		191	Seminary	Road	
TO MEDICAL EXAM EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH AFTER DEATH, WITH		Constitution of the Parish of	n S. Rogers		ADDRESS		aryland	
	230.6	SURIAL, CREMATION, REMOVAL SPECIFY) Burial	236. DATE 236. 2/15/81 B	OSCILLE Bel	lo Cemetery	Fernandina	Torida Beach, STATE	
BP	24 F	UNERAL DIRECTOR LATNE	Y's Funeral	Home	25a. DATE REC'D		TRAR'S GIGNATURE	
(VR A15 ME (5)) 15M 2/80	3	831 Georgia A	ve. N.W. Wa	sh. DC	FEB13	1981	y Me Grady	



STATE OF MARYLAND



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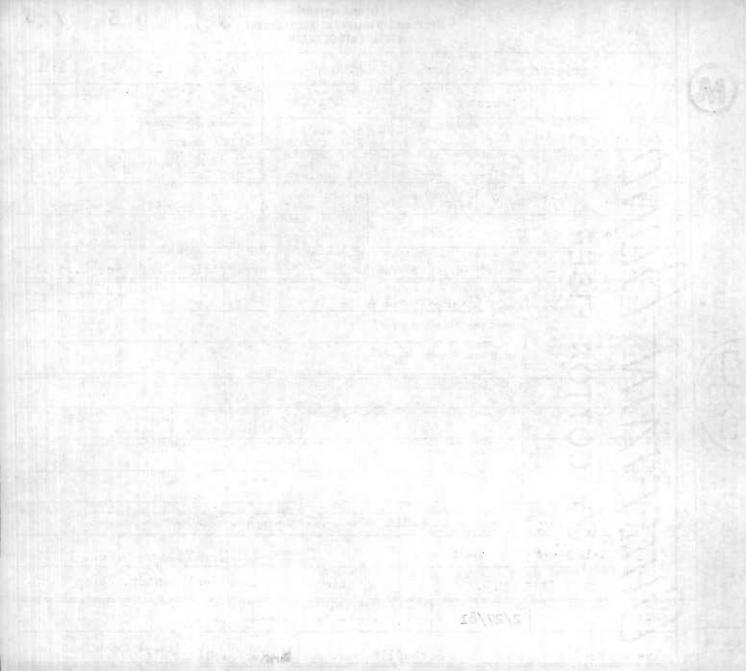
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STATE OF MARYLAND

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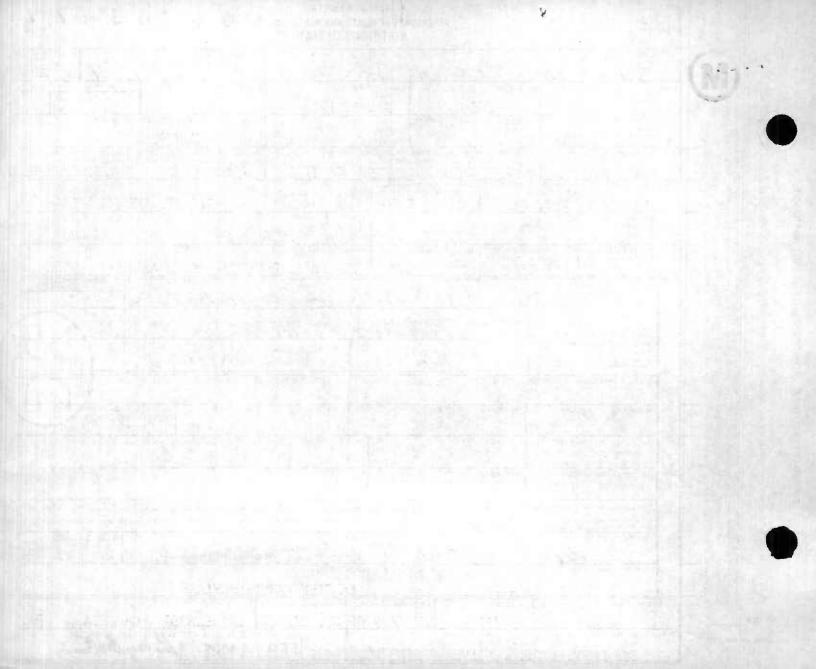


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STATE OF MARYLAND

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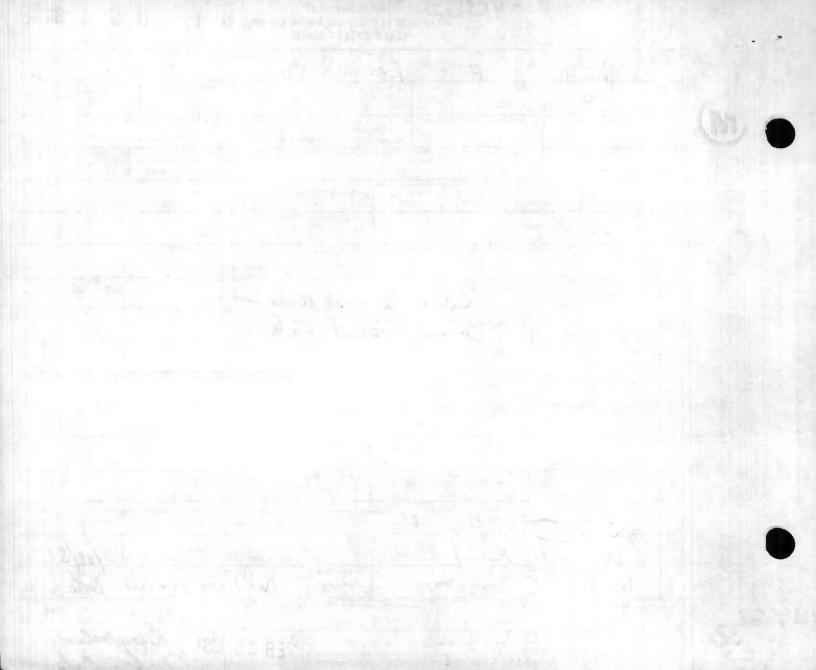
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<		0	1-	FOR STATE REGISTRAR	DEF		EALTH AND MENTAL HYG	IENE Ö I	U 3 •	7 0 2,
	nay be page 3 death	37	1 DEC	CEASED NAME FIRST	WIDDLE	0 -	ssomondo		WONTH DAY YEAR	3 AM
	4 may r, page ter dea		3 SEX	()	RACE	5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS	
	Page 4	A		FEMALE	WHITE	MAI	RCH 23, 1909	71	YRS.	, , , , , , , , , , , , , , , , , , ,
		到9	CC	DUNTRY	L CITIZEN OF WHAT COUN	MARRIE	D XIEVER MARRIED		R COUNTY OF DEATH	
	for de	g		W VORK	1. NAME OF HOSPITAL, N	WIDOWE TURSING HOME (12ª USUAL OCCUPATK	GOMERY ON 126 KIND	OF BUSINESS OR
5	by the fed with	300	ST	LVER SPRING	1 801 TUNT	STREET ADDRESS)		HOUSEUTE	WORKING LIFE) INDUSTRY	Y
212	24 hou	E 2 1		L RESIDENCE (IF NURSING HOME OF	THER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION	134. INSIDE CITY LIMITS?	13a STREET ADDRESS		
AND	in in the	504		RYLAND MONTGO			YES NO	1801 TUNIS	ROAD	
ARYL	ed with	à la	14 FA		DDLE LAS		15 MOTHER'S MAIDEN NAM	WIDDIE	t	AST
Ä,	compl compl	me of	Ián V	DANIEL VAS DECEASED EVER IN U.S. ARM	FRAS	SCO L SECURITY NO	CARMELL 17 INFORMANT	A	DFII.	A
MOM	e be ey	the 1	(Y	ES, NO OR UNKNOWN) (IF YES, GIVE Y	WAR OR DATES)	3-38-4942		OSSOMONDO S	R. SAME AS	12 111001110
ALTI	ificate ysiciar pers. P	event,		18 CAUSE OF DEATH (Enter only	one couse per line for (o), (TRANK P. K	USSUMUNDU, S	APPRO BETWEEN	DXIMATE INTERVAL N ONSET AND DEATH
15. E	certif g phy n pap remo	atice		PART I. DEATH WAS CAUSED	1 /2 /	di les	rugh ane	1		
Z	death tendin carbo on, or	traumatic		5850	DUE TO, OR AS A CON	SEQUENCE OF		4.4.4		
REST	the d e atte love o			Conditions, if ony, which gave rise to immediate	(b) Chro	nic /4	enal taile	i i		
*	that by the e rem	or other		cause (a), stating the underlying cause lost.	DUE TO, OR AS A CON	SEQUENCE OF				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	quires igned pleas burial	injury,		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PART !	lfai
ORDS	aw re	any	CERTIFICATION							
REC	The I has be sermit.	shows	FICA	190 DATE OF OPERATION	196 CONDITION FOR W	VHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE	ES OF DEATH?
ITAL	SICIAN: Thysician. ertificate he transit pern tal Hygiene	18 5	ERT	ZIO ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURR	YES NO	YES OF PART 21	NO 🗍
7	CE. 016	marked or Item 18		OR CONTRIBUTING CAUSE OF DEAT-	HOUR A.M. MONTH	H DAY YEAR				
<u>N</u>	P tag	ed or	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O		211 LOCATION	CITY OF TOW	N COUNTY	STATE
SIVIS	After the sthe	mark	*	WHILE NOT WHILE AT WORK	(AT HOME, SIREET, PACTORY, C	OFFICE, PARM, ETC.		CIT ON TOW		STATE
	hospital or a DIRECTOR:	21 is		22a I certify that (I) (this hospita	all attended the deceased	400 /		, to		, that (I) (we) lost
	hospital bornel bed for the	tem		obs-e(ib)we) didiedd now	New the body after death.		nd that in (my) (our) apinion of DEGREE	death occurred on the do		ne couses stoted
•	VITAL OFF. Wy the hosp RAL DIRE detached for detached for the pept.	MPORTANT: If Item 21	Ė,	ZILLI	Ceses		ATTENDING PHYSICIAN	MEDICAL STAF	2/	18/8/
	SPIT d by INER be de	TATE		224 PHYSICIAN'S NAME (TYPE OR	PRINTI		22e ADDRESS	00-	0 1	10 1
	retained by the ITO FUNERAL IS should be detach with the State D	MPO		MICHAU	C. OEUA		1 4903 1	ex 10/04/	venu po	The de Mil
1101	(ap		23e B	URIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	224 LOCATION CITY OF TOWN	COUNTY	STATE
0	ВР		24 FL	BURTAL INERAL DIRECTOR FRANCE	IS J. COLLINS		HEAVEN 250. DAT	SILVER S EREC'D. BY REGISTRAN	PKING M	<u>ONT</u> MD.
	DHMH-16 (VRA 15, 4			O UNIVERSITY BL			MD. 2090 FEE	REC'D. BY REGISTRAR	brilialing	- 7
				SALET ENGLIT OF		. 01 101110	5 V / V I			1.00



FOR Cleaned by Dr Ball STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8	05483
REGISTRAR Medie & Examinar CARTIFICATE OF DEATH, REG.	NO.
1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH	The state of the s
ttazel A. Kero	Teb 24h 1981 11:50 H
E S. DATE OF BIRTH 6 AGE (IN YEARS LAST	
Engle Caucasian April 02 1897 83	YRS.
	OR COUNTY OF DEATH
2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nery County. MD.
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPY	TION 126 KIND OF BUSINESS OR
5 Bethesda Suburban Hospital Housewif	
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 138_STREET ADDRES	s I I I I I I I I I I I I I I I I I I I
MD, MONTG. Rockville YES W NO 1 261, CON	Incoronal Lane.
14. FATHER'S NAME FIRST MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE FIRST MIDLE FIRST MIDLE FIRST MIDLE FIRST MIDLE FIRST MIDL	TAST
Jeremiah Powley Nellie C.	Manley
YES, NO OR UNKNOWN) LIFYES, GIVE WAR OR DATES)	Same as
No 578-28-1901 Leonard H. Row. (Hus	band) Item #13
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
in the fact of the second conditional monary arest.	
DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if ony, which gave rise to immediate	
cause (a) stating the DUE TO, OR AS A CONSEQUENCE OF	
the second secon	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO	1
2 of the life Date of Operation 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 1200 AUTOPSY?	TOB. IF YES, WERE FINDINGS USED
The Condition for which operation was reproved to the Condition of the Con	IN CERTIFYING CAUSES OF DEATH?
The ACCIDENT WAS INDERLYING TO THE TIME OF IN HIRY	YES NO
	SALT THE TENT OF THE TOWN AND AS
2 S D D D D D D D D D D D D D D D D D D	
216. INJURY OCCURRED STREET CITY OR 216. PLACE OF INJURY (AI HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR CITY OR	TOWN COUNTY STATE
Z a to a t	241, 19 81, that (I) (we) last
276.1 certify that (1) (this haspital) attended the deceosed fram 2248, 1981, to 25 on the deceosed alive on 2248, 1981, and that in (my) (our) opinion death occurred on the above, (1) (we) (did) (did nat) view the bady after death.	/
226. SIGNATURE DEGREE	22. DATE SIGNED
	AFF
222 ADDRESS	2 1
PERENO KUSUMA K F. RENDY MIN 4701, Kandalphike	1, 6-9, Rochwille
236. BURIAL, CREMATION, REMOVAL 235, DAJE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION	10(1)2023
(SPECIFY) FED TUATY CITY OR TOWN	
BP Burial 27.1981 Ft. Lincoln Cemetery Blad	enshure Maryland
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	

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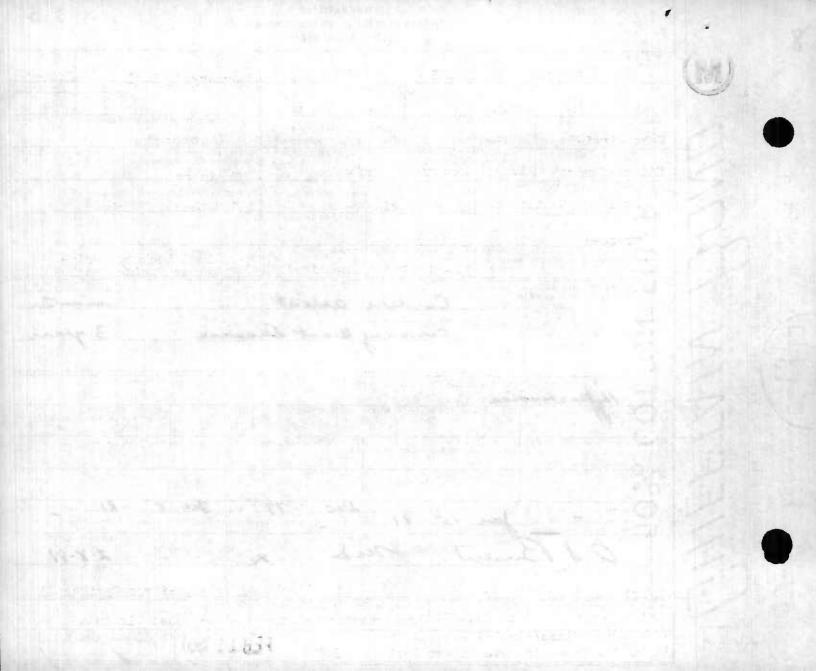
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STATE OF MARYLAND



	-	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 0 5 4 8 6													
	1-:	STATE REGISTRAR			MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.											
1	1. DEC	EASED NAME	FIRST		WIDDLE			LAST			DATE	KNOWN		ONTH	DAY YEAR	2b. HOUR
	(1178	OR PRINT)	Soni	ia S	ophie	2	S	avage		30.1	OF	ESTI- MATED		2/5	19 8	L M
	3. SEX		4. RACE	S DATE OF BIRTH	YEAR	6. AGE (IN YEA	RS IF UN	DER 1 YR.	IF UNDER 2		C. DATE	LICED	MC	NIH	DAY YEAR	10:30
		male	White	Jan. 3,	1894	87. YR	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DAYS	HOURS	MIN PI	DEAD	D		2/5	19 8:	L A. M
7	7a. BII	RTHPLACE (ST		76. CITIZEN OF W	HAT COUN	ITRY?	8 MARR	ED NEV	VER MARRIE	D 🗆 9	BALTIN	AORE CIT	Y OR CO	OUNTY	OF DEATH	1000
f)		Russi	ia	USA			WIDOW		DIVORCE			tgome			MD.	
ý		Y OR TOWN		11. NAME OF HOS	CHITY, GIVE S	TREET ADDRESS)		ER INSTITUT	TION	12a. USUA FORMO	AL OCCU	PATION (TYPE OF W	PE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY		
	Si	lver S	pring	11510	Lockwo	ood Dri	ve,	#C1		Sale	sper	son (Ret)	La	dies	Clo.
	13a. S1	ryland	13b. COUN	or other institution, G VTY tgomery	13c. CITY	TY OR TOWN Lver Spring		13d. INSIDE CI YES 🔣	TY LIMITS?	13. STREE	STREET ADDRESS 510 Lockwood Dr		rive	rive, #Cl		
1	14. FA	THER'S NAME		MIDDLE		LAST		15. MOTHE	R'S MAIDEN	IDEN NAME		- 1		LAST		
4		Norton				ook		Miriam						I	zgur	
ĺ		S. NO, OR UNKNO	D EVER IN U.S. AR	MED FORCES? E WAR OR DATES)		CIAL SECURITY		17. INFORM				ADDRI				
ı		No				-52-230	13	Norte	on Sav	rage;	_120	7 Del	Vere	Dr		
		PARTIDE	F DEATH (Enter or ATH WAS CAUSE	nly ane cause per line				diana						BETWEEN ONSET AND DE		ET AND DEATH
		450	MMEDIA	TE CHOSE (0)		nyocard		ulsear	se							
501		Condition	ns, if any, which					3 44						63	W	
			gove rise to immediate couse (a) stating the under-											Year	rs	
			lying cause lost.										CC.			
1		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10														
	NO.	None														
1	CAT	19a DATE OF	OPERATION			WHICH OPER	ATION W	AS PERFOR	MED?						20 AUTOPS	Y?
196	CERTIFICATION	Nor	ne										= 1		YES 🗌	NO K
		UNDERLYING	None 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PA							OR PART 2	")					
	MEDICAL	21d. INJURY C	OCCURRED	21e PLACE	OF INJURY			CATION	one					-		
	ME	WHILE AT WORK	NOT WHILE [STREET, FAC	TORY, FARM, E	TC.}		TREET			CITY OR TO	NWO		COUNT	Υ	STATE
		220. I certif	,	ge of the remains de	scribed obc	ove, held an	Autop	sy .	Inspection	□.	Inquiry	X.	ond in	my apını	on	
		death resulte	ed fram: Natu	orol couses X,	Acerdent	Sui	cide 🔲	, Homic	ide .	Undeter	mined m	anner				
		ACTUAL /	7	, 01	-			TITLE (SE						ATE	- (- (0-
H		SIGNATURE	1	10	6	gen	3 M	Depu			AL EXAM		S	ATE GIGNED.	2/5/	51
1	-	EXAMPSER'S	NAME	0 5	0	5]	1919 S	emin	ary	Road	12			
	D0 6:	(TYPE OR PRIN		n S. Roger					Silver			Moni	tgom	ery.	Md.	
	/3a.Bl	Buria Buria	TION, REMOVAL	Feb. 8, 1		NAME OF CEM				23d. LOC		7		COUNTY		STATE
	24 FL	NERAL DIREC						перге	EW CEII	4. C	api t	AR- 25h RI	ei gh Egistr <i>i</i>	IES.	Mary 1	and
24 FUNERAL DIRECTOR NAME Danzansky-Goldberg Chapels; 1170 Rockville Pike									mondy							
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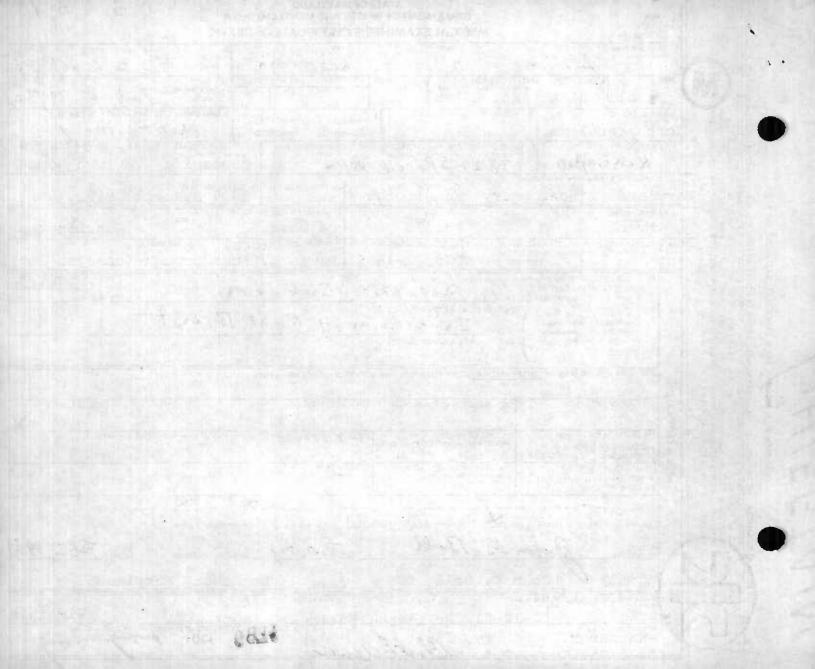
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	www.60	(TYP	E OR PRINT)	-11/1-	e	0	Sce	rbatoug.	h DE	OF ESTI-	7	6 1981	1 3 AM
	30 美國 W	SEX			5. DATE OF BIRTH	IA AGE UN	YEARS LE LIN	DER LYR TIETINDER		DATE	HTMOM	DAY YEA	
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	2 2 2 2 2 2 2 1 D	VOI	th Caro	lina	US	A	WIDOW			Mon	7-901	mery	AAD
	LED SHE	10 CI	TY OR TOWN OF DE	ATH		SPITAL, NURSING HO		ER INSTITUTION	12ª USUAL C	CCUPATION (TYPE OF WORK	126. KIND OF	BUSINESS
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21201	202300	13a. S		113h COUNT		136. CITY OR TOWN Kensing	1	13d INSIDE CITY LIMITS?	13e STREET A	Spure	ell D	rive,	
2.2	TH. IF	14. F/	THER'S NAME					15. MOTHER'S MAID	EN NAME	WIDDLE			
×	4 v = 5 >//	0	Frank		MIDDLE	Snell		Rhoda	a	WIDDLE	Si	narlin	aton
ORE	PAGE FORM S 1 AI	16a V	VAS DECEASED EVER	IN U.S. ARM	VED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	(son)	ADDRE			<u> </u>
BALTIMORE, MD.	S G E	no	ES, NO, OR UNKNOWN)	(IF YES, GIVE V		579-01-		Rowan L		boroug	gh-(sa	ame as	13e)
8 A	WIT PA		18. CAUSE OF DEA	TH (Enter anly	y ane cause per lin	e far (a), (b), and (c).)							ATE INTERVAL
ST.	ERMI ERMI ENE,	-	PART I DEATH W	AS CAUSED		Metas	7210	Carein	0 m2-			detweetvor	SET AND DEATH
PRESTON ST	N 24 NE TE PEI GIE		1749	IMMEDIAII	, , ,	R AS A CONSEQUENC	E OF		1 , , , , , , , ,				
EST	ER L		Canditians, if			Parcin	0112	7. Rig	41.13	reasT			
	WAN ALVERTA	137	gave rise ta cause (a) stating		(b)	R AS A CONSEQUENC		1		100			
DIVISION OF VITAL RECORDS, 301 W.	UTED WITHIN IN PENCIL IN EXAMINER VERAMINER VE		lying cause last		(c)	K AS A CONSEQUENC	.c Or						
DS, 3	PULD BE EXECUIPED BE WELL IFF MEDICAL ISED AS A BUR CREATH AND CREMATION,	100	PART 2 OTNER SIGNIFICAN	NT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE T	ERMINAL OISEAS	E OR CONDITION GIVEN IN PA	RT 1 (a).				
8	AS A ALTH	CERTIFICATION											
2	SED SED CRE	S S	19a. DATE OF OPER	ATION	196. COND	ITION FOR WHICH OF	PERATION W	'AS PERFORMED?				20 AUTOPS	Υ?
TI.	F S H D O F	E										YES [ИОМ
J-V	CATE SH HE WORL THE CI THE CI TMENT O	l w	21a EXTERNAL CAU		216. TIME C	OF INJURY M. MONTH DAY YI		OW INJURY OCCURRE	D (ENTER NATUR	E OF INJURY IN ITEM	1 18 PART 1 OR P	ART 2)	
N	TEOO & F	AL	UNDERLYING CONTRIBUTING	OR CAUSE OF D	EATH P.		AK						
ISIO	CERTING TING DED T SHOPPIOR	MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY (AT HOME		CATION					55 T T E
20		¥		WHILE C	STREET, FAC	CTORY, FARM, ETC.)		STREET	CITY	ORTOWN	CC	YTMUC	STATE
	R: THIS DRWAR SRWAR :: PAGE 21201		22a Legatify that	I took charge	of the remains de	escribed abave, held a	Autop	sy , Inspectio	ın 🔀 ın	quiry ,	and in my a	pinian	
	EXAMINE CERTIFICA JID BE FO DIRECTOR WITH THE ARYLAND,	-	death resulted from		al causes	Accident .	Suicide	Hamicide .	Undetermin		7.		
	REC NITH	- 3	GCG/// TCSC//CG TTG	-	Λ	O 04		LITLE (SPECIFY)				6	1
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	SHCAN SHC		SIGNATURE	17				.0.9	MEDICAL	EXAMINER	31GN	EU	7
	TWO NEW TON		(TYPE OR PRINT)	J.	ohn G.	Ball, DM	Ε	ADDRESS]	Bethes	da, Ma	arylan	nd	
	TO MEDICAL EXECUTE THE PAGE 4 SHOUND TO FUNERAL PAFTER DEATH, BALTIMORE, M.	23g.B	URIAL, CREMATION,					R CREMATORY	23d. LOCAT	ION			
		(Burial		2-10-81				CITY OR TO	WN	cou	Vir	ginia
200	BP		UNERAL DIRECTOR			Arling	on N	ational	TO BY REG	BIRAR PAR	EGISTRAR'S	SIGNATURE	J
27 6	DHMH - 17 (VR A15 ME (5))		NAWarner	E. P	umphrey	s, Ingg,	5111		LOY	1301	more	1/Kulus	- colony
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MD 1,2,17.	14. F.	ATHER'S NAME FIRST MIDDI	LE LAST	15. MO1	THER'S MAIDEN NAME	MIDDLE	LAST
DEATH. DEATH. AND 2 AND 2 AND 2		ELMER E.	SEEK		CATHERINE		LEIZEAR
PAR TER	160.	WAS DECEASED EVER IN U.S. ARMED FO (ES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR		SECURITY NO. 17. INFO	DRMANT	ADDRESS	
T., BALTIMORE, MD. 21201 DURS AFTER DEATH. IF ANY DELAY IS 18. GIVE PAGES I, 2, AND 3 TO THE SHIFT FORM PM. 3. RETAIN PAGE. INT. PAGES I AND 2 SHOULD BE FILED E. DIVISION OF VITAR RECORDS, 2014		YES WW	11 212-	20-2020 JO	HN R. SEEK	SAME AS 13	
51., 18.		18 CAUSE OF DEATH (Enter only one of PART I DEATH WAS CAUSED BY:	couse per line for (a), (b), on	d (c).)	1	1 - 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ESTON ST., IIN 24 HOUR IN ITEM 18. A ALONE SIST PERMIT. HYGIENE, D		IMMEDIATE CAU		re m	AACANY,	2 0150	
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	z	PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIB	DING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE OR CONDI	TION GIVEN IN PART 1 (a).		
L RECO	CERTIFICATION	19a. DATE OF OPERATION	19h CONDITION FOR WHI	CH OPERATION WAS PERF	ORMED?		20 AUTOPSY?
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	E	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	STREET	c	ITY OR TOWN	COUNTY STATE
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ZING WED		EXAMINER'S NAME (TYPE OR PRINT) TOHN	S. ROGERS	ADDRESS	s 1919 SEMIN	IARY ROAD STL	VER SPRING MD.
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE: PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STI BALTIMORE, MARYLAND, 2	23a.B	URIAL CREMATION REMOVAL 236 DA		E OF CEMETERY OR CREMA			
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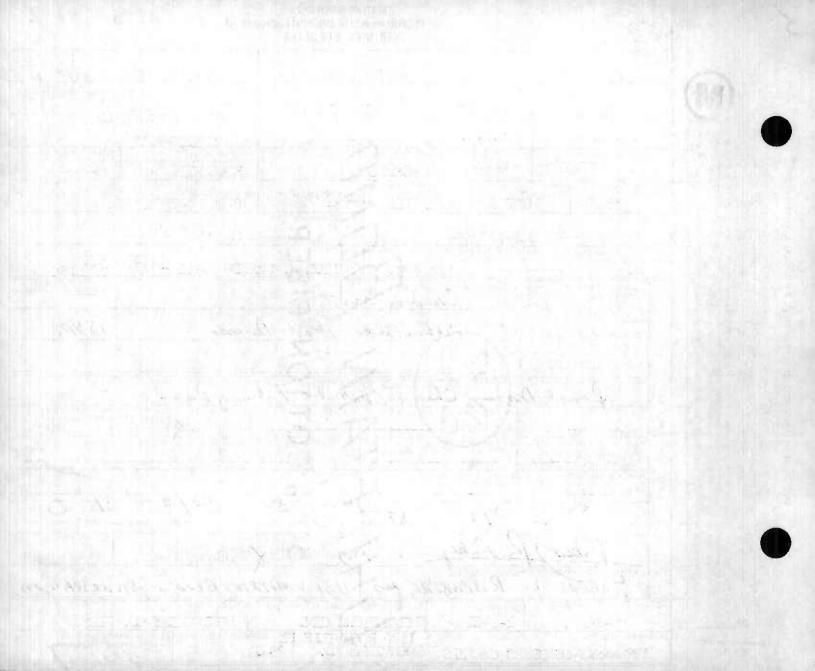
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e 4 m	ctar, p s ofter	1	3 SE	EMALE		RACE WHITE		MON	OF BIRTH	1904	6. AGE (IN YE	ARS LAST BIRT	MÓ	UNDER 1 YEAR	HOURS MIN.
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01 s ofter	y the fi	Office O	R	CK 1 1/2	ath I	(IF NOT IN SU	H FACILITY, GIVE	URSING HOME STREET ADDRESS)	OR OTHER INSTITU	TION +P	HOUSE	CCUIATION WIFE	ON FWORKING LIFE	12b. KIND INDUS	IN HOME
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YLAP thin	2 shar	ine		THER'S NAME					YES XX N			CORDI	LLL /(V)	LIVAL	
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TIMORE,	an and co	medical	NO.	AS DECEASED EVER s, no or unknown)		MED FORCES? WAR OR DATES)	051-	SECURITY NO. 18-82861	DAVID	H. SE	LMAN,		SWHETS HERSBUI		RIVE, RYLAND
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The law requires that the death certificate be executed within 24 haurs attending physician.	signed by the attending phys hen please remave carbanpat taburial, cremation, or remave	njury, ar ather traumatic event,	NO	Conditions, if ony, gove rise to imm couse (o), stotin underlying couse	which nediate g the lost.	DUE TO, O DUE TO, O Co Co Co Co Co Co Co Co Co C	R AS A CONS	SEQUENCE OF	BRUGEL NOT RELATED TO					19	WWATE INTERVAL ONSET AND DEATH
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OF VITA	certificate horizate principal princ	œ ()		210. ACCIDENT WAS UND		21b. TIME C	F INJURY M. MONTH	DAY YEAR	21c. HOW INJUR	RY OCCURRE				T 1 OR PART 2)	
VSICI ding	s certifi ourial-t Mental	r Herr	MEDICAL	(IF EITHER NOTIFY MEDI		P. 21e PLACE		19	211. LOCATION						
VISIO G PH	the and	marked or Hem	WE	WHILE NOT WE	IILE 🗍			FFICE, FARM, ETC)	STREET			CITY OR TOV	WN	COUNTY	STATE
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ATTEN	for of H	121		saw the decease above, (I) (we) (c	d olive on	new the body	ofter deoth.	1924	nd that in (ny)	r) opinion de	oth occurred	on the do	te and hour o	nd from the	couses stated
OR OR	DIRE	If Hen		22b. SIGNATURE	I	to	16		DEGREE	NDING .	MEDICAL	STAF	F	297	SIGNED
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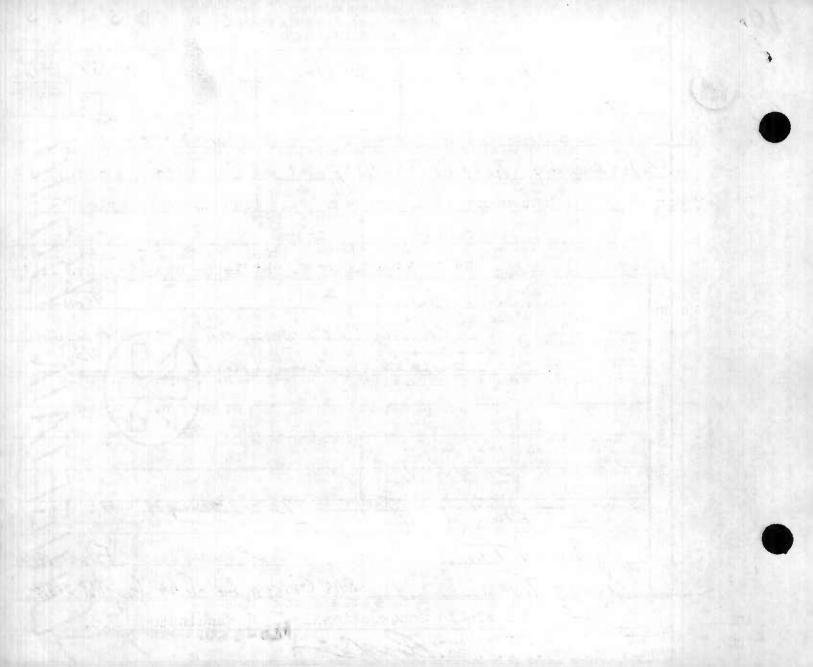
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OR he h DIR oche	H H		14 h	4)	Kage	her			DING	MEDICAL STAFF DIRECTOR PHYSICIAN {		IZL DATE S	SIGNED		
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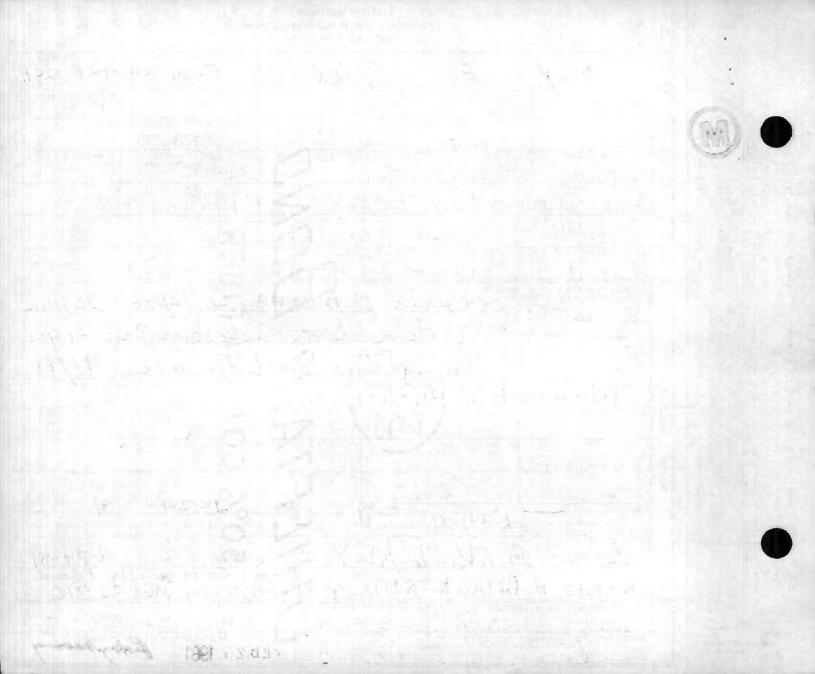
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hos been si r permit. The	ws ony ir	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PE	RFORMED	200 AUTOPSY? YES NOW	20b. IF YES, WERE IN CERTIFYING CA		TH?
buriol-transit p Mental Hygier	Item 18 shave		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH	DAY YEAR	V INJURY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PA		
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d for use	n 21 is me		saw the deceased alive an above, (1) (we) (did) (did no	at view this body after death.	ond that in (my) (qur.) opinion de	oth occurred on the dot	19 . 19 87 e and hour and fro		(we) last lated
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Tetoined by the TO FUNERAL I should be deto with the State I	MPORTANT		AARON H.	TRAUM	8915	- Georgi	a Ave Silve	er Sparol	Md 2091	10
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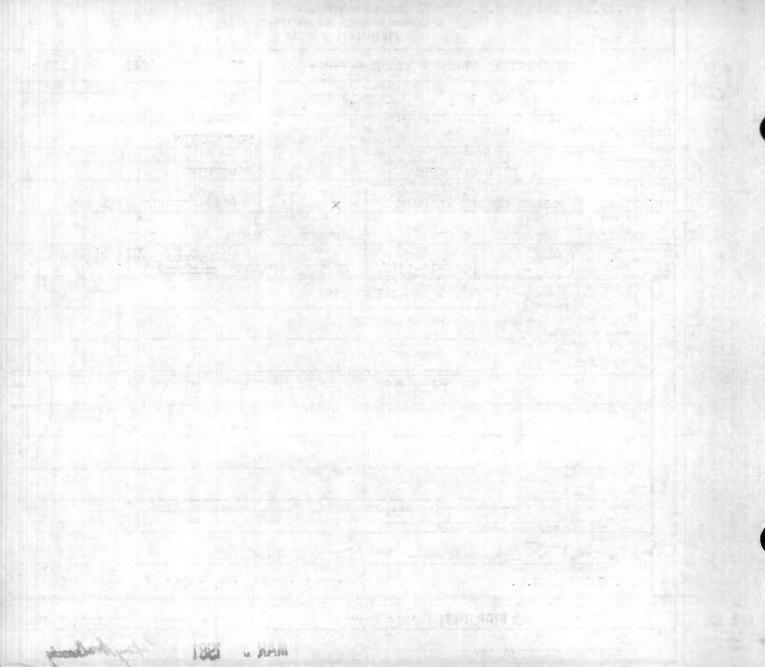


500 UNIV BLVD. W. STIVER SPRING, MD. 20901

STATE OF MARYLAND



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MARYLAND 2120 ed within 24 hours mpletely filled in b ond 2 should be fil	MA	ARYLAND	HOME OR OTHER INSTITUTION G COUNTY PRINCE GEORG			13d INSIDE CITY LIA YES NO [□ 8	et address 919 HICK	ORY HI	LL AVI	E.	
		CHARLES	CHESTER	YODER	= 11	15. MOTHER'S MAID FIRST ESTHER	MAY_	MIDDLE	BROWN	LAST		
BALTIMORE.		NO	IF YES, GIVE WAR OR DATES)	66 SOCIAL SEC 218-16-	2196	17. INFORMANT CHARLES	MALONE	Shryock SHYROC	K AVE	HAGKS	AMYMD.LL	
RDS, 201 W. PRESTON ST., B equires that the death certifical assigned by the attending phy. Then please remove carbonpo to burial, cremation, or removinjury, or other traumatic event	NO	18 CAUSE OF DEATH (PART I. DEATH WAS A	N PART 110									
TAL RECO	CERTIFICATION	19a. DATE OF OPERATIO	N 196 CONDIT	ON FOR WHIC	H OPERATIO					IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES Y NO		
NG PHYSICIAN: The low require oftending physicion. After this certificate has been signs the buriol-tronsit permit. Then the and Mental Hygiene prior to be orked or them 18 shows any injury orked or them 18 shows any injury	MEDICAL CE	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAU LIFETHER NOTIFY MEDICAL 21d. INJURY OCCURRED WHILE NOT WHILE	SE OF DEATH HOUR A.M. EXAMINER) P.M. 21e PLACE O	. MONTH	19	21c. HOW INJURY C	OCCURRED (ENTI	CITY OR TOWN		OR PART 2)	STATE	
OK ATTENDING OK ATTENDING to hospital or of DIRECTOR: Afte sched for use os Dept. of Health of Hem 21 is mark		22a. I certify that (I) (th	is hospital) aggreet the balive on (MAN) view the bady of	deceased from 19. Iter death.	01 , on	B 1981 , 132 d that in (my) (aur) c	, .0	27FEB 19	, , , , _			
HOSPITAL O		22d PHYSICIAN'S NAMI G.T. GAMBL		المحال	_ w	22e ADDRESS		STAFF OR PHYSICIA D. 20014		01 M	AR 1981	
0 % 2 % \$ \$	(5	URIAL, CREMATION, RE/ PECIFY) BURIAL	MOVAL 236. DATE 3 MAR		NAME OF C	METERY OR CREMA		OCATION CITY OF TOWN ARLINGTO		LINGT	ON VA.	
DHMH-16 30M 2/80 (VRA 15, 4)	24 FU	NERAL DIRECTOR LANHAM	FUNERAL HOM	AOORESS IE LANI	HAM MD		MAR 5	BY REGISTRAR 251	REGISTRAR	SSIGNATU	RE	



3	1.	FOR STATE			0	5 4	9 6				
noy be poge 3 ir death		REGISTRAR CEASED NAME OR PRINT)	FIRST		MIDDLE		HUMAN	20. DATE OF DEA FEBRUAT		, 1981	26 HOUR
age 4 moy		FEMALE		4 RACE WHI			BIRTH MBER 1, 1888		YRS	IF UNDER LYEAR	IF UNDER 24 HRS HOURS MIN.
1		RUSSIA		16 CITIZEN OF	.A.	WIDOWE		MUNIGUE	MERY		MD.
rs after by the f filed with		SILVER SPRI	NG	CHEUY	has'e "nu	rsing e	CONVALSCENT	120. USUAL OCCU	AOST OF WORKING LIFE	E) INDUSTRY	HOME
AND 21:	13a :	AL RESIDENCE (IF NURSI) STATE MARYLAND		GOMERY			13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	130 STREET ADDR	REST GLE	N ROAD	
MARYL.		YISROEL		MIDDLE	ZIPPËR	STEIN	15. MOTHER'S MAIDEN N CHIA	MID	(UNA	SCERTAT	NABLE)
BALTIMORE, cate be executed to a system and compers. Pages 1 you!.	16a. \	VAS DECEASED EVER II VES NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	577-48	-0631D	MRS. SYLVI		ER, same		MATE INTERVAL INSET AND DEATH
tos, 201 W. PRESTON ST equires that the death cert signed by the attending I hen please remove carbon to burial, cremation, ar rer njury, ar ather troumatic ex	NO	Conditions, if ony, gove rise to imm cause (0), stating underlying cause	which ediate the last.	(b) DUE TO, O (c)	R AS A CONSE	QUENCE OF	OSCOZO		CONDITION GIV	EN IN PART 1/0	9
TALRECOR	CERTIFICATION	190. DATE OF OPERATI		196. COND		ICH OPERATIO	WAS PERFORMED	20a AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES S	
TO HOSPITAL OK ATTENDING PHYSICIAN: The law requireformed by the hospital or attending physician. TO FUNERAL DIRECTOR, After this certificate has been signally be detached for use as the buriol-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to buriother than with the State Dept. of Health and Mental Hygiene prior to buriother than with the State Dept. of Health and Mental Hygiene prior to buriother than 18 shows any injury	MEDICAL CE	216. ACCIDENT WAS UNDER OR CONTRIBUTING CO. (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURRING WHILE NOTIFY HAT WORK 220.1 certify that (1) (1) Sow the decease obove, (1) two left 22b. SIGNATURE 22d. PHYSICIAN'S NA	AUSE OF DEAL EXAMINER ED This hospid olive on all (did no ME) (TYPE O	HOUR A. P. 21e. PLACE (AT HOME, STILL) tol) attended the place of the	M. MONTH M. OF INJURY REEL, FACTORY, OFF the deceased from the dec	19 ICE, FARM, ETC)	22e. ADDRESS	to	on town the date and hou STAFF HYSICIAN	COUNTY 19 S , r ond from the c	91 81
300 Bb To February Should With the Will have been should be the with the beautiful to the b		BURIAL, CREMATION, F				BETH SH	8630 FENTO	L-1234 LOCATION	ı		, MA'RYLAN
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	DOMATIDETAR 232 CARROLI	STEIN	HEBREW	MEMORI	AL FUNE	- 4 - 11011-1-1-	ATE REC'D. BY REGIS			

